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11-11-2011

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1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

IP ARCHIVER SERVICE REQUEST		CONFIDENTIAL (When Filled In)		DSIC - IP/AR COPY - REQUESTOR	
TO: IP/AR GA-50 TUBE GT-7		INSTRUCTIONS 1. This form is to be used to request ENTIRE subject or desk material which has been retired to record center thru IP/AR. 2. SINGLE DOCUMENT REQUESTS. This pertains to documents other than those that have been processed into the DDO records system. Documents in the system must be requested thru IP/CFS using established terms and procedures. If in doubt see your IMO.			
FROM: (DIVISION OR STAFF & BRANCH) (ROOM NO.) (TUBE) (TEL. EXT.) REQUESTOR'S NAME - PLEASE PRINT		DATE (mm-day-year) JOB NUMBER 57-94 BOX 15 FOLDER 102 DOCUMENT FILE NUMBER Wash Sp-F. Fin-6 DOC. SYMBOL & NO. LSC 3 SUBJECT OR TITLE Cowdin, Lucien E. Capt. ACTION REQUESTED			
REMARKS:		TEMPORARY RETENTION <input type="checkbox"/> WILL RETURN IN 30 DAYS <input type="checkbox"/> INDEFINITE		PERMANENT RETENTION <input type="checkbox"/> INFORMATION ONLY	
		TYPE REQUEST			
		<input type="checkbox"/> ROUTINE <input type="checkbox"/> TELEPHONE PRIORITY (next available run see No. 2 below)		<input type="checkbox"/> SPECIAL PRIORITY (Requires exclusive run see No. 2 below)	
		TIME NEEDED		IMO OR AUTHORIZED DESIGNEE SIGNATURE	
IP/AR USE RESTRICTED TO REQUEST CLERK		MATERIAL TO BE USED FOR (check one) <input type="checkbox"/> FOIA <input type="checkbox"/> PRIVACY ACT <input type="checkbox"/> OTHER (Specify)			
CONFIDENTIAL CL. BY: 562147		NOTE 1. Material is received in IP/AR at 1300 and 1630. 2. Special priority requests must be authorized by IMO or authorized designee.			
7. 8. 9. 10. 11. 12. 13. 14.		RECORDS CENTER JOB NO. 57-94 SPACE NO. 407875 FILE NO. Wash Sp-F. Fin-6 DOCUMENT FOLDER NO. 102 BOX NO. 15			
15. RETURN TO: IP/ARD/PSU GA-50		E2 IMPDET CL BY: 062147			

FORM 3-62

610

USE PREVIOUS EDITIONS

☐

SECRET

☐

CONFIDENTIAL

☐

INTERNAL USE ONLY

☐

UNCLASSIFIED

09-61

(3-78)

100

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 357

NAME OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Accounting attached

DETAILS: Misc. Receipt of \$21.00 represents collection of Munich mess fund.

	DR.	CR.	POSTING INITIALS
CASH IN HAND			
ADVANCES: <u>Munich Op.-Holtzman</u>	21.00	166.83	
(Bank)			
TRANSFERS: <u>(Station)</u>			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:		21.00	
FINANCE	166.83		
CREDIT ACCOUNTS			

DISTRIBUTION OF DEBITS:									
	01	02	03	04	05	06	07	08	09
IB						166.83			

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

PLAN FOR OPERATIONAL FIDG

PERIOD 22 January to 15 February 1946, incl: Date 20.2.1947

Cash balance beginning period 16,512.00 34

Advances outstanding beginning period	12,177.77
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Receipte

(a) Operational funds received

(c) Misc. Rec. is (sale of property, etc.) 210.00 210.00 FM

Total funds for which accountable during period this report 10,722.00

DISBURSEMENTS

1. Operational

(a) Salaries	300.00 RM	
(b) Others	295.00 RM	595.00 RM

(b) Others	595.00	595.00	RM
------------	--------	--------	----

2. House-keeping

(rental	XXX	
(b) Auto maint.	973.27 RM	
(c) Household	XXX	
(d) Travel	XXX	
(e) Other	XXX	
		973.27 RM

(b) Auto maint. 515.27 RM

(c) Household _____
(d) Animal _____

(d) Travel 111

(e) Other 111 973 27 5M

TOTAL Disbursements	1,668.27	RM
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Total accountable funds 1.35 Total disbursements

Total accountable funds	less	Total disbursements	9,060:73	RM
-------------------------	------	---------------------	----------	----

I certify that to the best of my knowledge, the above accounting is true and correct, that all disbursements were for official organisational purposes only.

Request the sum of XXX
be forwarded this Unit to bring
the cash working balance to a
safe level.

Signature

Abstract

approved

Signature

Attached hereto is a list of outstanding advances showing the name of the recipient and the amount advanced for which he is accountable.

Attached is itemized list of disbursements with receipts or certificates in lieu of receipts, for which credit is being claimed on this accounting report.

CONFIDENTIAL

ITEMIZED LIST OF DISBURSEMENTS
FOR THE PERIOD: 22.1 - 15.2.47:

1) Expenses for SAILOR -----300.00 RM ✓
2) Expenses for documents-----395.00 RM ✓
3) Auto maintenance: a)----- 25.00 RM ✓
 b)-----172.50 RM ✓
 c)----- 28.00 RM ✓
 d)-----600.00 RM ✓
 e)----- 1275 RM ✓
 f)----- 53.51 RM ✓
 g)-----112.00 RM ✓
 h)-----118.85 RM ✓
 i)----- 9.50 RM ✓
 j)----- 37.06 RM ✓

TOTAL: 1,568.27 RM

ROBERT BOSCH G. m. b. H.
Zweigstelle München
Druckort: 83165 Bosch - Leigstraße München
Fernruf: 362525
Besuchstunde: 7.45-11 Uhr, Sonntags 7.45-12.30 Uhr

© München 2, den 2. 1. 1947
Karlstraße 42 und Seidlstr. 13/15

Anz.	Sie erhalten zufolge Ihrer Bestellung	Preis	Betrag
1	Batterien 367 160		25.25
	248.		- 31
	Transp. Kosten		- 50
			37.06

Dieser Zettel gilt ohne weiteres als Quittung
VKO-D 7416-305 (4. 46, 200 50x2) 0.64H

Quittung über Barverkauf Nr.

H. Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag

758 *

Ausgestellt 24. Febr. 47



BOSCH
BATTERIEN

H. Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag

700

Ausgestellt 11. Febr.

Firma
Reg., Solln

Kennzeichen 12403 Ford
Angenommen durch G

Arbeitsbezeichnung	RM	Ref
ang kontrollieren.		
schmaschine und Regler ausgebaut, Feld-		
fluss beseitigt, Haupt-einführungskabel		
neuert, Regler einjustiert, Aggregate		
er wieder eingebaut.		

Barzahlung bei Ablieferung!	Arbeitslohn	11.25
Erfüllungsort und Gerichtsstand ist München.	Teile	7.60
Dieser Auftrag wird unter Anerkennung der	Fremdleistung	
im Kraftfahrzeug-Gewerbe geltenden Bestim-	Spesen	
mungen erteilt.	Kleinteile	
Unterschrift des Auftraggebers od. des Bevollmächtigten:	Gesamtbetrag	18.85

Betrag erhalten: 24. Feb. 1947

Von Firma
Mil. Reg. Solln

Amtl. Kennzeichen
Angenommen durch G

Arbeitsbezeichnung	RM
Eine Batterie BKK 367 füllen und laden,	
zwei Batterien BKK 378 laden.	
Id. - 10 gut finden	

Barzahlung bei Ablieferung!
Erfüllungsort und Gerichtsstand ist München.
Dieser Auftrag wird unter Anerkennung der
im Kraftfahrzeug-Gewerbe geltenden Bestim-
mungen erteilt.
Unterschrift des Auftraggebers od. des Bevollmächtigten:

Arbeitslohn	
Teile	
Fremdleistung	
Spesen	
Kleinteile	
Gesamtbetrag	

Betrag erhalten: 18. Feb. 1947



Niedermair & Reich
 Ifflandstraße 14 (Bogenhauser Brücke)
 Telefon 309 55 / Postscheck München 84749

Date: 28.I. 47

K-Rechnung № 04096

Besitzer: Militärragierung, München Tegernseer Landstr.

Type: V8 Ford Kilom-Std. Pol-Nr. XUSA-12008

Ausgeführte Arbeiten:	RM	Ppf
Linke Wasserpumpe erneuern		
Motorbefestigungsschrauben ersetzt.		
Montage		
Löhne		

Löhne

Verwendetes Material (siehe Rückseite)

39.81

Ich/Wir erkennen den Preis der Rechnung an und verpflichte mich/uns den Betrag ungekürzt innerhalb 8 Tagen zu überweisen

Gesamtpreis	53.50
-------------	-------

Darjung erhalten

Niedermayer & Co. G.m.b.H.
München, den 14. April 1944
Tel 30955
Gerichtstand für beide Teile München.

Unterschied:

München, den

Ford

bürgt für Qualität.

Wir verwenden nur Original Ford-Ersatzteile

FRIEDRICH NAGEL / Vulkanisierte-Werkstoffe
Steinsstraße 3 München 8 Telefon 43933

Meine Spezialität: Nachprofilierung glattegehrter Autoreifen nach Original-Motiv:

Bankkonto: Bayerische Hypotheken- und Wechsel-Bank, Zweigstelle Würmer Platz

München, den 24. 1. 194

Rechnung für

Sie empfangen per laut Bestellung Nr. 3888	P.H.	12.
2. 27. 12. 1944 Bedienung	Vulkanisierwerkstatt Friedrich Nagel Meckl. 118, Gohlstr. 3	12.

Vulkanisierwerkstatt
Friedrich Nagel
Möb. u. G. Steinstr. 3
Telefon 43933

Robert Bosch G.m.b.H.
Verkaufshaus München

Formul.: 342 605

Geschäftszeit: 7.45-17 Uhr
Sonntags 7.45-12.30 Uhr

13b

München 2, den 1. 1. 47
Kartstr. 42, Seidstr. 13-15

194

Quittung über Barreparatur Nr. 33890

für Refuge Control

München

Regenraserlandstr.

Wir führen zu unseren Bedingungen. folgende Arbeiten aus (Instandsetzungsarbeiten an Kraftfahrzeugen erlaubt). Zubehör werden zu den bekannten Einkaufspreisen ausgeteilt.	
1	Anlasser BGC 0,5/6 RS 28 instand.
	Material 3.15 Arbeitszeit 13.60 16.75
	Feder, Rastenscheibe und Klein- teile erneuert.

Dieser Zettel gilt ohne weiteres als
rechtsgültige Quittung für Barreparaturen

WKO-D 9344-235 (S. 46 200 25 X 4) A3 - 800

QUITTUNG

Buchungsmerkmale

Buchungsmerkmale

von Firma
Herrn
Frau
Frl.

Mister Belie

für Wagen instandsetzen

RM. 600 Rpf.

in Worten RM. Sechshundert

Rpf.

dankend erhalten zu haben wird hiermit bescheinigt.

München den 30. Januar 1947

On

JHAGE Formblatt Bestellnummer 02.01.01

Vereinigte Werkstätten
für Karosserie und Wagenbau

G.m.b.H.

München 8, Wiener Pl. 7 u. 8

Firmenstempel und Unterschrift

Heinrich



Vertretung für Auto, Motorräder, Lieferwagen

RECHNUNG

② München, den 13. Febr. 1947.
 Münchenerstr. 47, Tel. 80162

für Refuge Kontroll. München-Solln.

Bank-Konto: Dresdner Bank, Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / Städt. Sparkasse München, Haupt-
 stützstelle Pasing - Postcheck-Konto München Nr. 8253

Willys Auto rep.den Auspuff ausgebaut repariert
 geschweisst u.eingebaut.

RM	RM
	28.00
Rmk.	28.00

Betrag 28.00 erhalten
 13.2.47

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

N/282



Vertretung für Auto, Motorräder, Lieferwagen

RECHNUNG

② München, den 15. Januar 1947.
 Münchenerstr. 47, Tel. 80162

für Refugee Control München/Solln

Bank-Konto: Dresdner Bank, Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / Städt. Sparkasse München, Haupt-
 stützstelle Pasing - Postcheck-Konto München Nr. 8253

Jan. 14. BMW Auto rep. Kotflügel ausgerichtet, Scheinwerfer
 eingebaut, Auspuffrohr abgedichtet, die Winker nach-
 gesehen, den Anlasser nachgesehen, die Verkleidung an
 der Rücklehne befestigt, Stoszdämpfer eingebaut, die
 Bremse überholt, Beläge erneuert, die Zündung nachge-
 sehen, den Motor eingestellt, Getriebe u. Differenzial-
 öl nachgefüllt.

Material:
 2 Bremsbeläge
 40 Nieten
 1 Scheinwerferglas
 1 Auspuffdichtung
 1 1/2 lt. Getriebeöl
 Div. Kleinmaterial

RM	RM
	145.00
	12.00
	1.60
	6.00
	1.00
	3.00
	4.00
Rmk.	172.60

Betrag 172.60 erhalten
 1.2.47

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

N/282

Autocisierte Ford-Weckstätte
München

NIEDERMAIR & REICH

MÜNCHEN

Ifflandstraße 14 (Bogenhauser Brücke)

Telefon 30955

Bayer. Hypotheken- und Wechselbank

Postcheck-Konto: München Nr. 84749



München, den 26. I. 47
Mr.

Rechnung No 0113

Für Refugee -Control

Militärregierung

in München - Tegernseerlandstr.

Modell V8 Fkw.	Motor Nr. -	Polizei-Nr. S 0 4091	Kilometer-Std. - 1600 km	Benzin-Inhalt -	Fernruf -
-------------------	----------------	-------------------------	-----------------------------	--------------------	--------------

Ich erkläre durch Unterschrift, daß ich bevollmächtigt bin, das bezeichnete Fahrzeug zur Reparatur zu geben. Von den Reparatur-Bedingungen habe ich Kenntnis genommen. Für alle Arbeiten gilt Barzahlung bei Ablieferung.

Unterschrift

Die Vorteile der Ford-Garantie des Ford-Teile-Austauschsystems, des Kundendienstes usw. sichert Ihnen nur Ihre autorisierte Werkstätte. Wir verwenden und verkaufen nur echte Original-Ford-Ersatzteile von der Ford-Motor-Company A.-G. Köln a. Rh.

Ausgeführte Arbeiten:	RM	Pfg.
1. Inspektion lt. Vorlage ausführen		
fehlende Schrauben u. Muttern ersetzen.		
Montage	20.	10
Material siehe Rückseite		
3. Linke Wasserpumpe muss ausgetauscht werden.		

Bearbeitet
Niedermair u. Sohn G.m.b.H.
Autocisierte Ford-Weckstätte
München 32, Ifflandstr. 14, Tel. 30955

Achtung! Die Untersuchung Ihres Wagens ergab folgende Mängel, die dringend beseitigt werden müssen

Zusammenstellung:	RM	Pfg.
1. Reparaturkosten	-	-
2. Inspektion	20.	10
3. Fremde Arbeiten	-	-
4. Ford-Ersatzteile	2.	72
5. Zubehör	1.	55
6. Sonstiges Beschaff.-Post.	-	23
Betr. Steuer	-	10

R. 25.00

[illegible]

18 Feb 47

CERTIFICATION

I certify that I have expended the sum of 395 RM
for documents forwarded to the Hq on 18 February 1947
(Cf. MSC/MEMO/131).

B.A. Holtzman
B.A. Holtzman

APPROVED:

Mr. H. Hecksher

I hereby certify that I have received from
Bill Holtzmann 300 marks for the purpose of purchasing
a pair of ice skates for SAILOR. ✓

Signed

George Belic
George Belic
Belic

13 February 1947

*Sailor is an agent, now awaiting
'safe haven' preparations.*

POSTING VOUCHERDATE: 28 February 1947VOUCHER NO. 358

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: AttachedREMARKS: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		30.00	
ADVANCES: _____ (NAME)			
TRANSFERS: <u>Stockholm</u> (LOCATION)	30.00		
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTAL			
DISTRIBUTION OF EXPENSES:			
HEAD OFFICE	' 01	' 02	' 03
	' 04	' 05	' 06
	' 07	' 08	' 09
	'	'	'
SPECIAL INFORMATION OR INSTRUCTIONS:			

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
ON ACCOUNTS

Date 28 February 1947

Number _____

TO : STOCKHOLM _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged~~ - ~~Credited~~) on our books
as follows: (Cross out one)

Type of Funds SCRIP Amount \$ 30.00 Rate _____ US Dollar
Equivalent 30.00

Identification of individual (If applicable): _____

Helen E. Morgan

If transfer is on account of an advance of funds show date on
which advance was originally made: (If the amount transferred
represents a balance due, rather than a single advance made on
this date, explain under remarks.)

DESCRIPTION: Personal advance made to Miss Morgan during
her stay in Heidelberg

REMARKS: _____

Type of Funds _____ Amount \$ _____
Signature of Special Funds Officer P. H. Mangano

Form No. 33-9
Sep 1946

SECRET

POSTING

DATE: 28 February 1947

VOUCHER NO. 259

TYPE OF
UNITS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF
PRINCIPAL CURRENCY

REFERENCE: Attached

DETAILS ABOUT:

	DR.	CR.	POSTING INITIALS
--	-----	-----	---------------------

CASH & VOUCHERS

56.32

ADVANCES:

(Name)

TRANSFERS:

(Station)

CONVEYANCES

EXCHANGE

ISCUSSIONS RECEIPTS:

EXPENSES

56.32

OTHER ACCOUNTS

TOTALS

DISTRIBUTION OF EXPENSES:

BRANCH	01	02	03	04	05	06	07	08	09
--------	----	----	----	----	----	----	----	----	----

IB

56.32

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Number of Payees: Harry K. Hermsdorf Position: Spr. Officer
Basis for Payment: Foreign Duty Data Sheet dated 12 Feb. 47

From 1200 18 Feb. (inclusive) To 2400 26 Feb. (inclusive)
(Hour) (Date) (Hour) (Date)

Set complete itinerary of traveler on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem See reverse
(No. of Days) (Rate per day)
Transportation See reverse
Incidental Travel Expenses (Itemize on reverse side hereof) See reverse

TOTAL

\$ 56.32

paid in Scip Par = 56.32
(Type of Currency) (Rate of Exchange) (Amount)

APPROVED FOR PAYMENT:

Signature

Date

Title

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full payroll name.

Feb. 18	Left Washington for POE, Gravelley Point	1630
21	Left Airport via ATC	1600
	Arrived Bermuda	2345
22	Left Bermuda	0300
	Arrived Azores	1400
	Left Azores	1800
23	Arrived Paris	0500
25	Left Paris	1500
	Arrived Wiesbaden	1700
	Left Wiesbaden Govt. vehicle	1900
	Arrived Frankfurt	2000
27	Left Frankfurt via Govt. vehicle	1000
	Arrived Heidelberg	1200

PER DIEM:

~~51.50~~

51.50

Feb. 18	1 day @ 6.00	3.00
19-20	2 days @ 6.00	12.00
21	16 hours @ 6.00	4.00
	8 hours @ 7.00	2.32
22-26	5 days @ 7.00	35.00
		<u>56.32</u>

POSTING VOUCHER

DATE: 28 February 1947VOUCHER NO. 360

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: T/A from Bern dated 18 Feb. 1947

TOTAL AMOUNT: _____

	CR.	POSTING INITIALS
CASH IN VENTORY		
ADVANCES: _____ (NAME) _____		
TRANSFERS: <u>Berne</u> (STATION) _____	2.07	
CONVEYANCES		
EXCHANGE		
MISCELLANEOUS RECEIPTS:		
EXPENSE _____	2.07	
CURRENT ACCOUNTS		
TOTAL:		

DISTRIBUTION OF RECEIPTS:

	01	02	03	04	05	06	07	08	09
IB							2.07		

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING

DATE: 28 Feb 47

VOUCHER NO. 361

TYPE OF VOUCHER: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

ATTACHMENT: Attached

DESCRIPTION: Final payment at this station to Anne Curtis depart

US on PCS

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		69.80	
ADVANCES: _____ (LANG)			
TRANSFERS: _____ (STATION)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
Allowance		19.80	
Salary		50.00	
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF POSTINGS:

BRANCH	01	02	03	04	05	06	08	09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 9/2/47 to 8/3/47
 NAME OR NUMBER OF PAYEE ANNE CURTIS Position CODE CLERK

Annual Rate	Amt. Payable
<u>\$ 2644.80</u>	<u>50.00</u>
In _____	<u>50.00</u>
Type Currency _____	Rate of Exchange _____ (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Departed U.S. on PCS. L & Q paid thru 2 March 1947

Annual Rate	Amt. Payable
Quarters allowance _____	_____
Cost of living allowance _____	_____
Special Foreign Living allowance _____	<u>\$ 1092.70</u>
aid in _____	<u>19.80</u>
Type Currency _____	Rate of Exchange _____ (Amount)
	TOTAL <u>69.80</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- (X) I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

- * I have taken no hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 10 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47VOUCHER NO. 362

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

OFFICE ADDRESS: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
<u>Scrap</u>	<u>30.25</u>	<u>Sterling 7:10 (30.26)</u>	
ADVANCES: _____			
(Plane)			
TRANSFERS: _____			
(Station)			
CONVERSIONS	<u>30.26</u>	<u>30.26</u>	
EXCHANGE <u>Equalization</u>	<u>.01</u>		
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF EXCESS:

MA CH 01 02 03 04 05 06 07 08 09

 " " " " " " " " "

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

28 Feb 47 194

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

£ 7:10 Pounds AS CONVERSION OF \$30.25

TOTAL

30.25

SIGNATURE

TITLE & BRANCH

WILLIAM E. PALAZS

CHIEF, Communications

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 363

TYPE OF EXPENSES: AMOUNT: RATE: VALUE IN TERMS OF
PRINCIPAL CURRENCY

REFERENCE: Attached

DETAILS: Expenses and per diem for trip to London for William R.

Balance

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		151.42	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
POSTAGE	151.42		
OTHER ACCOUNTS			

DISTRIBUTION OF AMOUNTS:									
PERCENTAGE	01	02	03	04	05	06	07	08	09
COUNT	151.42								

SPECIAL INFORMATION OR INSTRUCTIONS: _____

PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

**VOUCHER FOR PAYMENT OF PER DIEM:
TRAVEL EXPENSES**

Number of Payee: WILLIAM E. BALAZS Position: LIAISON OFFICER

Rate and Basis for Payment: G-33-47 dtd 14 Feb 47

From 0001 17/2/47 (inclusive) To 2400 27/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

Set complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem	<u>11</u>	<u>7.00</u>	<u>* 77.00</u>
(No. of Days)		(Rate per day)	
Transportation			<u>* 65.42</u>
Incidental Travel Expenses (Itemize on reverse side hereof)			<u>* 9.00</u>
TOTAL			<u><u>\$ 151.42</u></u>

Paid in	<u>Scrp</u>	<u>per</u>	<u>\$151.42</u>
(Type of Currency)		(Rate of Exchange)	(Amount)

APPROVED FOR PAYMENT:

Date Feb. 28, 1947 Signature William E. Balazs
Title Communication Officer

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay-roll name.

DA. 33-6
1946

17 Feb Left Heidelberg via gov't trans 1430

18 Feb Arrived Paris 0730
Left Paris via comm. Trans 1200
Arrived London 1650

Cost of Air ticket to London and
return to Paris 52.71

25 Feb Left London via comm. Trans 0800
Arrived Paris 1730

26 Feb Left Paris via gov't warrant 2000
27 Feb Arrived Heidelberg 0930

Cost of Berth on train 12.71

11 day per diem @ 7.00 77.00

Paris taxi fr station to hotel and return 5.00

London taxi fr station to hotel and return 4.00

\$151.42

SECRET

No. G-33-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 14 Feb 47

TRAVEL ORDERS

NAME: WILLIAM E. PALAZS TITLE: LIAISON OFFICER

OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: Paris, London and return

DATE EFFECTIVE: 17 Feb 47, or as soon thereafter as practicable for a period of approximately fifteen days.

PURPOSE: TDY connection with communications project

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

(x) Military Vehicle () Common Carrier
() Military Aircraft (x) Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. MARGENC
Special Funds Officer

SECRET

POSTING VOUCHER

DATE: 28 Feb 47

VOUCHER NO. 364

TITLE OF: _____ VALUE IN TERMS OF: _____
 SUBJECT: _____ RATE: _____ PRINCIPAL CURRENCY: _____

REFERENCE: T/A from Berne dated 31 January 1947

DETAILS: Payment to Herbert Baldwin per request of Lt. Col.

Kubler, Executive Officer, Heidelberg to 1153

	DR.	CR.	POSTING INITIALS
CASH IN VOUCHER	52.57		
ADVANCES: _____ (Name)			
TRANSFERS: <u>Berne</u> (Station)		52.57	
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
FOOTNOTES			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF EXEMPTS:									
01	02	03	04	05	06	07	08	09	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 265

TYPE OF: scrip AMOUNT: 102.00 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 102.00

REFERENCE: Attached

REMARKS: _____

	DR.	CR.	POSTING INITIALS
--	-----	-----	------------------

CASH IN HAND		102.00	
--------------	--	--------	--

ADVANCES: _____ (PAGE)

TRANSFERS: _____ (LOCATION)

CONVERSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

EXPENSE	102.00		
---------	--------	--	--

OTHER ACCOUNTS

DATE OF DEBIT OF DEBIT: _____

DATE	01	02	03	04	05	06	07	08	09
------	----	----	----	----	----	----	----	----	----

SERVICES									102.00
----------	--	--	--	--	--	--	--	--	--------

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING REPORTSDate: 17 Feb 47 Branch: SERVICES No: _____To: Special Funds Officer HEIDELBERG
STATIONDisbursement of Special Funds in amount of \$102.00

For _____

For Essential tools for the motor pool

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be cleared to _____

AUTHORIZED BY:

Attached

(Signature)

(Title)

This is to certify that I have received \$102.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.* XXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.* _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: John L. HaddenJOHN L. HADDEN
1st Lt. Eng.

CITY GARAGE

LUXEMBOURG-G, -rue Jos. Jundt, 7
à 50 m de la Gare Centrale
Téléph. 45-73 et 69-44

N° 000911

MGARAGE-EQUIPMENT

A PAYER 13.2.47			
12	jauche pour soupape	80.-	
12	linne pour contact	16.-	
50	m. cable 2 fils 2x1	12.50	
12	Interrupteur à tirage	24.-	
	Enveloppe Englebert 60x16	2.45	
1	rep. chambre au, rulleauisation		
Suz. Arquet 13.2.47		pr. 14.45.-	

POSTING VOUCHERDATE: 17 Feb 47VOUCHER NO. 366
 TYPE OF FUNDS: Pounds AMOUNT: 1.10 RATE: 4.035 VALUE IN TERMS OF PRINCIPAL CURRENCY 6.05
REFERENCE: AttachedDESCRIPTION: CONVERSION OF POUNDS STERLING TO SCRIP

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	Sterl 1:10 (6.05	Scrip 6.05	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVERSIONS	6.05	6.05	
EXPENSE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			
DISTRIBUTION OF INITIALS:			
PREPARED BY: ' 01 ' 02 ' 03 ' 04 ' 05 ' 06 ' 07 ' 08 ' 09			
SPECIAL INFORMATION OR INSTRUCTIONS:			

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

17 Feb 47

~~CONFIDENTIAL~~

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only in the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

6.05

AS CONVERSION OF 1:10

TOTAL

6.05

SIGNATURE

Henry Wunsch

TITLE & BRANCH

HENRY WUNSCH

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 367

TYPE OF FUNDS: scrip AMOUNT: 43.59 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 43.59

REFERENCE: Attached

REMARKS:

	DR.	CR.	POSTING INITIALS
CASH IN HAND		43.59	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	43.59		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF COPIES:

BRANCH	01	02	03	04	05	06	07	08	09
COMMO	43.59								

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

No. _____

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name or Number of Payee: William E. Balazs Position: Liaison Officer
Priority and Basis for Payment: G-31-47 Travel Order dtd 8 Feb 47

From 0001 9/2/47 (inclusive) To 2400 15/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

1. Set complete itinerary of traveler on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem 7 7.00 43.50
(No. of Days) (Rate per day)

Transportation

Incidental Travel Expenses (Itemize on reverse side hereof)

TOTAL

Paid in scrip par 43.50
(Type of Currency) (Rate of Exchange) (Amount)

* APPROVED FOR PAYMENT:

Signature _____

Date _____ Title _____

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

William E. Balazs
(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full payroll name.

9 Feb 47	Left Heidelberg via gov't trans.	0600	
	Arrived Karlsruhe	0715	
	Left Karlsruhe via comm. train	0830	
	Cost of trans Karlsruhe to Vienna		7.19
10 Feb	Arrived Vienna	0915	
13 Feb	Left Vienna via gov't trans	2150	
15 Feb	Arrived Karlsruhe	0100	
	Left Karlsruhe via gov't trans.	0130	
	Arrived Heidelberg	0300	

7 days @ 7.00	49.00	
Less: 3 billets furnished @ 1.40	4.20	
8 meals purchased fr govt facil		
@ 1.05	8.40	36.40
		<u>43.59</u>

92.84

SECRET

No. G-31-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 8 February 1947

TRAVEL ORDERS

NAME: WILLIAM E. BALAZS TITLE: LIAISON OFFICER
OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: VIENNA, AUSTRIA AND RETURN

DATE EFFECTIVE: 8 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately 10 days.

PURPOSE: TDY connections communications project.

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

(☒) Military Vehicle (☒) Common Carrier
() Military Aircraft () Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. KATZING
Special Funds Officer

SECRET

ORIGINAL NO. 1 COPY

101957

ACCOUNTABLE U.S. AGENCY

U.S. ARMY

AUSTRIAN R.R.

Warrant No. 101957

GENERAL RAILWAY WARRANT

BON DE CHEMIN DE FER

DE KLEINER BEZUGS-FAHRSCHEIN

For the movement by
Pour le transport à exécuter par train

ORIENT-EXPRESS

train

By Zug

De

From

Ven

Via

By

Over

VIENNA

To
A
Nach

SALZBURG

	Number Zahl	Weight Poids Gewicht	Axles Essieux Achsen	km	
Officers Officiers					Mr. SALAS C-af 12
Enlisted men Hommes de Troupe Mannschaften					Hq. War Dep. AG Office 20 June 1946 Washington
Civilian Zivilisten	1				Sleepers authorized 13 February 1947
Baggage Cepach					Car 3 Berth # 4

Signed
Couché
Conducteur

At

On

RTO VIENNA

RTO or
Issuing
Agency

Date

Return

W. C. SALAS

Capt.

by

M. Janiczek

13 February 1947

Instructions

Prescriptions

Departs Vienna 21:50

Benutzungsbestimmung

Departure station stamp
Timbre de la gare de départ
Stempel des Abgangsbahls

13 Febr. 1947



* PROCUREMENT AUTHORITY

ORDRE DE PROCURATION REFERENCE

ANSCHAFFUNGS-ERMÄCHTIGUNG

701 - 1 - 22 432 - 02 - 2170435 - 3103 - 999

IMPORTANT - If conductor fails to collect give to RTO or Stationmaster at destination.

Ex. 1 is certified by passenger and turned over to gateman at departure station. If no gateman, train conductor will pick it up.

Ex. 2 is retained by passenger, presented to train conductor if required and turned over to destination gateman.

Ex. 3 is copy for file at originating agency.

NOTE - PROCEDURE AUTHORITY TO BE EXTRACTED FROM ORDERS

Exemplaire No. 1 A signer par le voyageur et à remettre à l'employé en passant sur le quai de la Gare de Départ. S'il n'y a pas d'employé, remettre cet exemplaire au conducteur de train.

Exemplaire No. 2 A conserver par le voyageur - A présenter au conducteur du train s'il le demande - A remettre à la sortie de la Gare de Destination.

Exemplaire No. 3 A conserver dans les Archives du Couchet ayant établi le Billet.

* ORDRE DE PROCURATION REFERENCE EXTRAITE
L'AUTORISATION DE VOYAGE

Teil 1 wird bei Antritt der Reise von der Eisenbahn abgenommen. Falls auf dem Abgangsbahls keine Sperre vorhanden, ist vom Zugbegleitpersonal abzunehmen.

Teil 2 gilt als Fahrkarte und bei der Fahrkartenprüfung auf Verlangen vorzulegen und bei Beendigung der Reise auf dem Zielbahnhof abzugeben.

Teil 3 dritte Ausfertigung ist für die Akten der ausstehenden Dienststelle bestimmt.

* ANSCHAFFUNGS-ERMÄCHTIGUNG
LAUT ANORDNUNG

POSTING VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

REMARKS: _____

	DR.	CR.	POSTING INITIALS
CASH IN HAND			
<u>Scrip</u>	<u>35.00</u>	<u>SuFos 150 (34.93)</u>	
ADVANCES: _____			
<u>(none)</u>			
TRANSFERS: _____			
<u>(station)</u>			
CONVERSIONS	<u>35.00</u>	<u>35.00</u>	
EXCHANGE <u>Equalization</u>		<u>.02</u>	
MISCELLANEOUS INCOMES:			
EXPENSES			
OTHER ACCOUNTS			
<u>none</u>			

DISTRIBUTION OF VOUCHERS:

ERA OF : 01 02 03 04 05 06 07 08 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

INTERNAL VOUCHER

18 Feb 47

I CERTIFY that I have received this data from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN THE

PURCHASE OF SUPPLIES AND/OR MATERIAL

• • SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

150 S/F

CONVERSION OF 35.00

34.75

TOTAL

35.00

SIGNATURE

J. X. Hughes

TITLE & BRANCH

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

CASH OR VALUE IN TERMS OF
FUNDS: Reichsmarks AMOUNT 240,000 RATE: .10 PRINCIPAL CURRENCY \$24,000.00

REFERENCE: _____

DATE ACQ: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447 DATED

11 JAN 47. BERNE CHARGED WASH IN SWISS FRANC COST.

	D.	CR.	POSTING INITIALS
CASH INVENTORY	24,000.00		
ADVANCES: _____ (CASH)			
TRANSFERS: <u>WASHINGTON</u>		24,000.00	
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS ACCOUNTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF DEBITS: _____

12 02 03 04 05 06 07 08 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 18 Feb 47

Number _____

TO : WASHINGTON _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~CHARGED~~ - Credited) on our books
as follows: (Cross out one)

Type of Funds Reichsmark Amount \$240,000 Rate .10 US Dollar Equivalent \$24,000.00

Identification of individual (If applicable): _____

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447

DATED 11 JAN 47. BERNE CHARGED WASHINGTON IN SWISS FRANK COST.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep 1946

SECRET

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 376

TYPE OF
BILLS: Bus AMOUNT: 154 RATE: .10 PRINCIPAL CURRENCY \$15.40

REFERENCE: Attached

DESCRIPTION: Payment to Language instructors

	DR.	CR.	POSTING INITIALS
CASH IN HAND		15.40	
ADVANCE:			
TRANSFERS:			
COMMISSIONS			
EXCHANGE			
DISCONTINUOUS RECEIPTS:			
OTHER	15.40		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF DEBITS:

	01	02	03	04	05	06	08	09
CCM	15.40							

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 20 Feb 47 Branch: Chief of Mission No: _____

To: Special Funds Officer Heidelberg
STATION

Disbursement of Special Funds in amount of REHM 154 Reichsmarks

To: Elwood Backenstoss

For: Payment to language instructors

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to Chief of Mission

AUTHORIZED BY:

Prior approval of COM
(Signature) (Title)

This is to certify that I have received 154 Rms (\$15.40)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

X The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph

Signed, Elwood Backenstoss
ELWOOD BACKENSTOSS

Heidelberg, den 17. Febr. 1947

Abrechnung für die Zeit v. 11. - 15. Febr. 1947

H. Buchheim	.....	4	Stv.	.....	12. -
C. Schubert	.....	4	"	.....	12. -
A. Trabold	.....	4	"	.....	12. -
H. Reichensperger	.....	4	"	.....	12. -
H. Koenneweg	.....	4	"	.....	12. -
H. Vogt	.....	3	"	.....	9. -
Hr. Krüger	.....	4	"	.....	12. -
Hr. Burkhardt	.....	4	"	.....	12. -
Hr. Sukoffsky	.....	4	"	.....	12. -
Hr. Swaitsky	.....	4	"	.....	12. -
Hr. Gähne	.....	4	"	.....	12. -
W. Müller-Seidel	.....				25. -

164. - RM

Müller-Seidel

Heidelberg, den 17. Febr. 1947

154. - Alle erhalten
für die Jahre
v. 10. - 17. Febr 1947

11. Febr 47

Mutter - Sordely

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 371

TYPE OF FUNDS: Scip AMOUNT: 1436.45 RATE: par PRINCIPAL CURRENCY: 1436.45 VALUE IN TERMS OF

ATTACHMENT: Attached

DESCRIPTION: PURCHASE OF OPERATIONAL SUPPLIES

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		1436.45	
ADVANCES:			
<u>(Name)</u>			
TRANSFERS: <u>Berne</u>	67.30		
<u>(Location)</u>			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	1369.15 ✓		
OTHER AMOUNTS			
TOTALS			

DISTRIBUTION OF DEBITEDS:

01 02 03 04 05 06 07 08 09

INTELL 1436.45
1369.15

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND ACCOUNTING FOR FUNDS

Date: 20 Feb 47 Branch: SUPPLY No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of \$1369.15

by CAPTAIN HARLAND H. HEDRICK, TC

for PURCHASE OF OPERATIONS SUPPLIES

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to SUPPLY

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received \$1369.15
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

- _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: Harland H. Hedrick
HARLAND H. HEDRICK
Captain, TC

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 20 Feb 47

Number _____

TO : BERNE _____
(Designation of Station (Address)
to be charged or credited)

FROM: REID-LEERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged - Credited~~) on our books
as follows: (Cross out one)

Type of US Dollar
Funds scrip Amount \$ 67.30 Rate per Equivalent 67.30

Identification of individual (If applicable): _____

If transfer is on account of an advance of funds show date on
which advance was originally made: (If the amount transferred
represents a balance due, rather than a single advance made on
this date, explain under remarks.)

DESCRIPTION: PURCHASE FROM AMZON ZONES OF PX SUPPLIES FOR

BERNE. BILL ATTACHED.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep. 1946

SECRET

✓ Pay 42 50 bottles ^{\$491} 98.20
 ✓ Face Powder 94 boxes ^{\$75} 70.50
 ✓ Lipsticks - 60 boxes ^{\$3.00} 180.00
 ✓ Cigarettes - 1300 Ch ^{\$80} 910.00
 ✓ Laundry Soap - 600 ^{\$0.05} 30.00
 ✓ Tooth Paste - 160 ^{\$0.15} 24.00
 ✓ Perf. Cream - 110 ^{\$0.08} 8.80
 ✓ Combs - 15 ^{\$0.05} 75
 ✓ Lipsticks - 50 ^{\$0.75} 37.50
 ✓ Nail Pol. Rem. & Enamel - 50 ^{\$0.07} 3.50
 ✓ Vanils - 10 ^{\$0.45} 4.50
 ✓ Face Powder - 10 ^{\$2.20} 2.20

Paid. ^{\$1369.15}
 Daniel De Waere
 Daniel De Waere
 MANAGER
 Tooth Brushes 50

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date 19 Feb 47 Period _____

REMARKS Purchased from Army Exchange Service

Requisitioned By (show Signature, Rank, Organization, Destination. If different from "sent to" include address):

APPROVED BY:

STOCK No.	ARTICLES	UNIT	QUANTITY	RECEIVED	REQUIRED	AMOUNT
	Perfume	btl	20	0	4.51	98.20
	Face powder	box	98	0	.75	70.50
	Cigars	box	60	0	3.00	180.00
	Cigarettes	ctn	1300	0	70.00	910.00
	Soap, laundry	bar	600	0	.05	30.00
	Tooth paste	tube	160	0	.15	24.00
	Shaving cream	tube	100	0	.08	8.00
	Coats	ea	15	0	.05	.75
	Lipstick	tube	20	0	.75	37.50
	Nail polish remover	btl	50	0	.07	3.50
	Towels	ea	10	0	.45	4.50
	Face towels	ea	10	0	.22	2.20
						1369.15

✓ Veg. ---	60 lbs.	@.70	42.00
✓ Tooth Paste - 14		@.15	3.60
✓ Shampoos - 20.		@.20	4.00
✓ Hair Cream - 5		@.18	.90
✓ Juice Tamale - 24		@.13	3.12
✓ 1 Blended - 28		@.17	4.76
✓ Soap - 2		@.75	1.50
✓ Ultra Gel - 9		@.40	3.60
✓ Chewing Gum - 44		@.04	1.76
✓ Tobacco Snuff - 4		@.11	.44
✓ Soap 3		@.20	.60
✓ Colgate L.P. - (4 bottles)		@.07	.28
✓ Hair Oil - 2		@.10	.20
✓ Tooth Brush - 2		@.12	.24
✓ Shoe Polish - 1		@.10	.10
✓ Hair Cream - 15		@.04	.60

15 245.30

42.00

\$ 67.30

Paul

Donna L. Ward

Donna L.

P.R. MANAGER

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date _____ Period _____

~~EMERGENCY~~ Purchased from Army Exchange Service

Requisitioned By (show Signature, Rank, Organization, Destination. If different from "sent to" include address):

APPROVED BY:

STOCK No.	ARTICLES	UNIT	ON HAND AND DUE	RECEIVED	REQUIRED	RECEIVED COST
	Cigarettes	ctns		60	\$.70	42.00
	Tooth paste	tube		24	\$.15	3.60
	Shaving cream	can		20	\$.20	4.00
	Tomato juice	tube		5	\$.18	.90
	Blended juice	can		24	\$.13	3.12
	Lipstick	can		28	\$.17	4.76
	Alka Seltzer	tube		2	\$.75	1.50
	Chewing gum	btl		8	\$.40	3.20
	Tobacco, smoking	pkg		44	\$.04	1.76
	Kotex	pkg		4	\$.11	.44
	Razor blades, Gillette	pkg		3	\$.20	.60
	Hair oil	pkg		4	\$.07	.28
	Tooth brushes	btl		2	\$.10	.20
	Shoe polish	each		2	\$.12	.24
	Lifesaver	box		1	\$.10	.10
		pkg		15	\$.04	.60
						67.30

To be filled to Switzerland

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 372

TYPE OF FUNDS: _____ AMOUNT: _____ : _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: attached

REMARKS: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		300.00	
ADVANCES: _____ (name)			
TRANSFERS: _____ (destination)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	300.00		
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF POSTINGS:

DATE	C1	C2	C3	C4	C5	C6	C8	C9
IB	300.00							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence

Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$200.00 (23,792 Fr.)
100.00 (4,377 Belg.)

TO: Captain Marchand

For: Payment to Agents - Frances, DeJohng, Freida.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature)

(Title)

* * * * *

This is to certify that I have received \$300.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- * _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.
- * _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: _____

* Initial applicable paragraph.

Hans. L. Marchand
Captain, CAC

FORM NO. 33-7
SEP 1945

3

SECRET

28 February 1947

MEMORANDUM

SUBJECT: Salaries for the month of February

TO : Finance Officer

1. Requested that this field base be issued \$266.66 in U. S. currency - preferably in \$20.00 bills. This amount of currency represents the salaries of "HYPO" and "HEIHEL".
2. Requested that \$200.00 in French francs be issued to this field base. This represents the salary for "FRANCES".
3. Requested that \$100.00 in Belgian francs be issued to this field base. This represents the salary for "FREIDA" and the salary for Jean Dejohnge.


HANS L. MARCHAND
Capt., CAC



15

SECRET

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 373

TYPE OF FUNDS: _____ AMOUNT: _____ : VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DETAILS ABOUT: _____

CASE INVENTORY U.S. \$266.00

ADVANCES: _____ Scrap .65

TRANSFERS: _____ (Name) _____

CONVERSIONS: _____ (Station) _____

EXCHANGE _____

MISCELLANEOUS RECEIPTS: _____

OTHER ACCOUNTS 266.66

Exchange equalization .01

DISTRIBUTION OF INTERESTS: _____

Intell. 266.66

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$166.66

TO: Captain Marchand

For: February salary for von Stasiak-Stessi. Copy of
contract in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to
be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature)

(Title)

This is to certify that I have received 166.66
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* _____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance _____
(Date of
completion of mission, monthly, etc.)

Signed: *Hans L. Marchand*
Hans L. Marchand
for Captain, CAC

* Initial applicable paragraph.

FORM NO. 33-7
SEP 1946

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$100.00

TO: Captain Marchand

For: February salary for Kubiczek. Copy of contract
in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to
be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 100.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- * _____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.
- * _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
(Date of
completion of mission, monthly, etc.)

Signed: *Hans L. Marchand*
Hans L. Marchand
in Captain, CAC

* Initial applicable paragraph.

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 374

TYPE OF
FUND: _____ AMOUNT: _____ DATE: _____ VALUE IN TERMS OF
PRINCIPAL CURRENCY _____

REFERENCE: Attached

INITIALS: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		2,000.00	
ADVANCES: Heidelberg Field B.			
(Off Marchand)	2,000.00		
TRANSFERS: _____			
(Station)			
COMMODITIES			
EXPENSE			
MISCELLANEOUS RECEIPTS:			
OTHER			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INTERESTS:									
DEACOR	01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

DISBURSEMENT AND/OR ACCOUNTING BY FUNDS

Date: 28 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG

Disbursement of Special Funds in the amount of 20,000 Rms (\$2000.00)

To: CAPTAIN HANS MARCHAND, CAC

For: OPERATIONAL ADVANCE TO THE HEIDELBERG FIELD STATION

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

AUTHORIZED BY:

ATTACHED

(Signature)

(Title)

This is to certify that I have received 20,000 Rms (2000.00)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

• _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

• XXXX I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

• Initials of Special Funds Officer

Wm. J. Martin
for Capt Hans Marchand

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 375

NAME OF FUNDS: _____ AMOUNT: _____ BAL: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

REMARKS: _____

	DR.	CR.	POSTING INITIALS
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CASH INVENTORY		50.00	
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ADVANCE: _____ (Date)			
-----------------------	--	--	--

TRANSFERS: _____ (Station)			
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CONVERSIONS			
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EXCHANGE			
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DISCONTINUOUS RECEIPTS:			
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TYPING	50.00		
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OTHER ACCOUNTS			
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TOTALS			
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DISTRIBUTION OF RECEIPTS:			
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BRA CH	' 01	' 02	' 03	' 04	' 05	' 06	' 07	' 08	' 09
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Intell.	'	'	'	'	'	'	'	'	'
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VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 Feb., '47 Branch: Intell. Number: _____

NO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$ 50.00

TO: 'Roman'

For: Furnishing U. S. funds upon his return to
the U. S.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to Intell.
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

Attached

(Signature)

(Title)

This is to certify that I have received \$ 50.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXXXXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____

(Date of

completion of mission, monthly, etc.)

Signed: _____

S. LEMINGTON

* Initial applicable paragraph.

FORM NO. 33-7
SEP 1946


CONFIDENTIAL

23 February 1947

SUBJECT: Request for operational funds
TO : Special Funds Officer

1. It is requested the sum of \$ 50.00 in Scrip be advanced the undersigned for the purpose of purchasing a money order to be made payable to Roman, one of our people who is being returned to the U. S. and with whom we are severing connections.

2. It is considered desirable that subject be furnished with a sum of U. S. currency upon his arrival in the U. S.


S. LENNINGTON
Chief, Operations

CONFIDENTIAL

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 376

TYPE OF TRANS: Scip AMOUNT: 117.25 VALUE IN TERMS OF PRINCIPAL CURRENCY 117.25

REFERENCE: Attached T/A: BERN DATED 4 FEB.

790
169.35
117.25

DETAILS:

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
ADVANCES:			
TRANSFERS: <u>Berne</u>		117.25	
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	117.25		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF EXPENSES:

01	02	03	04	05	06	07	08	09
						117.25		

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 19 Feb 47

VOUCHER NO. 377

TYPE OF FUNDS: scrip AMOUNT: 140.19 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 140.19

REFERENCE: Attached

REMARKS: Repayment and/or accounting for advance made to

Mr. C. Lewis by Barne

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	11.46		
ADVANCES: <u>Lewis</u>	140.19	140.19	
(<u>Bank</u>)			
TRANSFERS: <u>Barne</u>		140.19	
(<u>Station</u>)			
CONVERSIONS			
EXCHANGE			
DISPOSITION OF INVENTORY:			
PROPERTY	128.73		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INITIALS:

1 2 3 4 5 6 7 8 9

128.73

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING REPORTS

Date: 19 Feb 47 Branch: CHIEF OF MISSION No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 128.73

To: MR. CROSBY LEWIS

For OFFICIAL EXPENSES in connections with trip to Berne, Switzer-
land for Mr. C. Lewis.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to CHIEF OF MISSION

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 128.73
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph

Signed: _____

CROSBY LEWIS
Chief of Mission

Bellevue-Palace

GRAND HOTEL ET BERNERHOF - BERNE

H. Schmid
Directeur

No. 418

NOTE pour M.

Mr. & Mrs. Crosby

change du N

Cp. _____ O.

Mois		Fr.		Fr.		Fr.		Fr.		Fr.		Fr.		Fr.	
1947		Fr.		Fr.		Fr.		Fr.		Fr.		Fr.		Fr.	
M. 2 E. D.															
Appartement		40													
Arrangement		1													
Renchérissment de vie		1													
Chambre et Pension domest.		4													
Supplément de chauffage		4													
Déjeuner Restaurant															
» Appartement															
Œufs, Fruits, Fromages, etc.															
C. Lavis															
Bern, le 7.2.47															
Note Hôtel															
Remise - Déduction															
Pour acquit:															
Bellevue-Palace Bern															
Débours du Conc.															
La caissier															
Service															
Vins															
Eaux															
Bière															
Spiritueux															
Blanchissage, Repassage															
Bains															
Téléphone															
Appareils électr. Radio															
Admission chien															
Taxe de logement															
Timbre															
Total du jour		1540		1230											
Report		1540		1540											
Total		5770		5770											
Paiement															
Débours															
Service %															
S.		66		66											

Service: 1—2 jours . . .	15 %
3—4 jours . . .	12 %
5 jours et plus . . .	10 %

Tournez s. v. p.

MM. les clients sont priés de régler leur note de semaine le jour après présentation.

Bellevue-Palace

GRAND HOTEL ET BERNERHOF · BERNE

H. Schmid
Directeur

No
change ou N°

NOTE pour M. *Mrs. Gust. Louis Lewis*

C. p. _____ O.

[illegible]

Service: 1—2 jours	15 %
3—4 jours	12 %
5 jours et plus	10 %

Tournez s. v. p.

MM. les clients sont priés de régler leur note de semaine le jour après présentation.

5. 412



Grand Hotel & Bernershof.

B E R N E

NOTE *from Mr. C. Jones*

[illegible]

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 3782

TYPE OF scrip VALUE IN TERMS OF PRINCIPAL CURRENCY
 AMOUNT: 116.82 RATE: par 116.82

REFERENCE: T/A attached GERN dated 14 February 1947

DETAILS: Personal loan to Mr. G. Lewis made by Berne and to be repaid in Heidelberg.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	116.82		
ADVANCES: <u>Lewis</u>	116.82	116.82	
(Name)			
TRANSFERS: <u>Berne</u>		116.82	
(Station)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
FORFEIT			
OTHER ACCOUNTS			
TITLE			
DISTRIBUTION OF DOLLARS:			
	01	02	03
	04	05	06
	07	08	09
SPECIAL INFORMATION OR INSTRUCTIONS:			

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 379

TYPE OF FUNDS: scrip AMOUNT: 43.31 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 43.31

REFERENCE: Travel Order G-32-47 17D 13/4/47

DETAILS: Confidential conference with American Liaison Section

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		43.31	
ADVANCES:			
TRANSFERS:			
CONVERSIONS			
EXCHANGE		43.31	
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			

TOTALS	DISTRIBUTION OF FUNDS:								
	01	02	03	04	05	06	08	09	
INTELL		43.31							

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Number of Payees: SIDNEY H. LEMINGTON Position: CHIEF, OPERATIONS

Rate and Basis for Payment: G-31-47 dated 18 Feb 47

From 0001 19/2/47 (inclusive) To 2400 23/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem 5 7.00 35.00
(No. of Days) (Rate per day)

Transportation 8.31

Incidental Travel Expenses (Itemize on reverse side hereof)

TOTAL 43.31

paid in SCRIP DRP 43.31
(Type of Currency) (Rate of Exchange) (Amount)

APPROVED FOR PAYMENT:

Signature Sidney H. Lemington

Date 24 Feb. 1947 Title Chief, Operations

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

Sidney H. Lemington
(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full payroll name.

FORM NO. 33-6
1-1946

19 Feb Left Heidelberg via gov't trans 1800
20 Feb Arrived Paris 0730
22 Feb Left Paris via gov't warrant 2000
Cost of berth on train 989 French Francs 8.31
23 Feb Arrived Karlsruhe 0900
Left Karlsruhe via gov't trans 0930
Arrived Heidelberg 1030
5 days per diem @ 7.00 35.00
\$43.31

SECRET

No. G-32-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 13 February 1947

TRAVEL ORDERS

NAME: SIDNEY E. LENINGTON TITLE: CHIEF, OPERATIONS

OFFICIAL STATION: Heidelberg, Germany BRANCH: INTELLIGENCE

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: PARIS, FRANCE AND RETURN

DATE EFFECTIVE: 18 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately seven days.

PURPOSE: CONFIDENTIAL CONFERENCE WITH AMERICAN LIAISON SECTION

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

(X) Military Vehicle (X) Common Carrier
() Military Aircraft () Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. LANGENG
Special Funds Officer

SECRET

COMPAGNIE INTERNATIONALE DES WAGONS-LITS
ET DES GRANDS EXPRESS EUROPÉENS (S. A.)
R. C. Seine 106.250



Bulletin de 2^{me} CLASSE

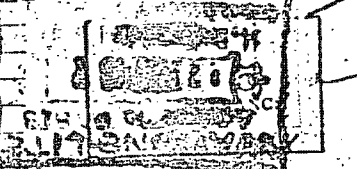
F N° 187499

Agence : Colm 47
Date d'émission : 22/12

Départ de la gare de Paris le 22/12/1947 à 10h47 (en chiffres)
(Nati de 22 au 23 2. 2. 2. 7) (Date en toutes lettres)
à Paris (Noms en toutes lettres)

NOMBRE DE PLACES	PARCOURS	NUMÉROS DES PLACES	TITRE N°	PRIX PERÇU		
				DETAIL	PAR PLACE	TOTAL
1	à Paris à <u>Worms</u> Train N° <u>5</u>	<u>18</u> <u>Hous.</u>	<u>III</u>	Supplément Location et Taxes diverses	<u>932</u>	
				Droit de service	<u>57</u>	
				PRIX PERÇU	<u>989</u>	<u>989</u>

Le voyageur montera à Paris
Titre de Transport N°
Nom Walter Hennig
Adresse El Tiller
Carte d'identité n° USA



Le droit de service au Conducteur EST PERÇU/N'EST PAS PERÇU
Rayer la mention inutile.

Avis officiel important au verso.

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 321

TYPE OF: Pounds St AMOUNT: 4.12.02 RATE: 4.035 VALUE IN TERMS OF PRINCIPAL CURRENCY 18.59

REFERENCE: Attached

TERMINAL: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY Sterling	18.59 (4.12.2)	Scrp 18.60	
ADVANCES: _____ (Panc)			
TRANSFERS: _____ (Station)			
CONTRIBUTIONS	18.60	18.60	
EXCHANGE Equalization	.01		
MISCELLANEOUS RECEIPTS:			
TYPESET			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INITIALS:

BRA	C1	C2	C3	C4	C5	C6	C8	C9

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET
INTERNAL SECURITY

24 Feb 47 194

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government

and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIAL _____

SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL: PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL PER DIEM _____

\$18.60

AS CONVERSION OF 4:12:02 Pounds Sterling

TOTAL _____

SIGNATURE _____

PERCY LEWIS

TITLE & BRANCH _____

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 381

TYPE OF FUND: Rms AMOUNT: 5000 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY 500.00

REFERENCE: Attached

DESCRIPTION: OPERATIONAL ADVANCE TO CAPT. HANS L. MARCHEM

	DR.	CR.	POSTING INITIALS
CASH IN VENTURE		500.00	
ADVANCE: <u>MARCHEM</u>	500.00		
TRANSFERS: <u>(BANK)</u>			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
TRUSTS			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INTERESTS:

01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING FORMS

Date: 24 Feb 47 Branch: INTELL. No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 5,000 Rms (500.00)

To: Capt. Hans L. Marchand

For: _____

_____ is hereby authorized.

These funds are required for official business of a confidential nature and

are to be charged to INTELLIGENCE

AUTHORIZED BY:

Attached _____
(Signature) (Title)

This is to certify that I have received \$500.00 (5,000 Rms)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

_____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

XXX I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: Hans L. Marchand
O.D. Fleming

14-00000

SECRET

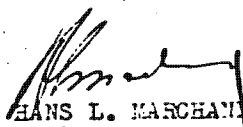
24 February 1947

MEMORANDUM

SUBJECT: Advance of Funds

TO : Finance Officer

1. Request that this office be issued 5,000 RM.


HANS L. MARCHAND
Capt., CAC

SECRET

POSTING VOUCHER

DATE: 25 Feb 47

VOUCHER NO. 382

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Purchase of Electrical Equipment

	DR.	CR.	POSTING INITIALS
CASH IN VENTORY		145.40	
ADVANCES: _____ (NAME)			
TRANSFERS: _____ (STATION)			
CONVERSIONS			
RECHARGE			
DISCONTINUOUS RECEIPTS:			
EXPENSE	145.40		
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF EXPENSES:

EXPENSE	C1	C2	C3	C4	C5	C6	C7	C8	C9
SUPPLY		25.40						120.00	
								145.40	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 25 Feb 47 Branch: SUPPLY No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of \$145.40 (17,297 French Francs)

To: Captain Harlan H. Hedrick, Capt, TC

For: PURCHASE OF ELECTRICAL EQUIPMENT WHICH COULD NOT BE
PROCURED FROM ARMY SOURCES.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to SUPPLY

AUTHORIZED BY:

ATTACHED
(Signature) (Title)

This is to certify that I have received \$145.40 (17,297 French Francs)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signature

Harlan H. Hedrick
HARLAN H. HEDRICK
Capt. TC

24 February 1947

SUBJECT: Purchase of supplies

TO : Special Funds Officer
thru Lt. Col. L.E. Kubler, Ord.,
Executive Officer

FEB 24 1947

1. Following is the detailed accounting of disbursements and expenses incurred during my trip to Strasbourg over Feb 22 to Feb 23, 1947, for the purpose of purchasing electrical equipment to be used for official organizational purposes and which equipment could not be procured from Army sources. Accompanying me was Sgt. Ziegner, who assisted me in locating and procuring the items purchased.

Bill No. 1	6,514.— Fr. Fcs.
" " 2	2,793.— Fr. Fcs.
" " 3	2,312.50 Fr. Fcs.
" " 4	<u>2,366.70 Fr. Fcs.</u>

Total cost of supplies 14,276.20 Fr. Fcs

2. Following is accounting for personal expenses during trip for both Sgt. Ziegner and the undersigned

Hotel bill (receipt attached)	895.— Fr. Fcs
Garage bill (receipt attached)	90.— Fr. Fcs.
Meals (No receipt attached)	
Lunch, supper, 22 Feb)	<u>2,045.50 Fr. Fcs</u>

Total personal expenses 3,020.50 Fr. Fcs

3. Total expenses, both for supplies and living costs during trip amounted to 17,296.70 Fr. Fcs.

4. I certify that above statement is true and correct and that none of the expenses listed were made for personal benefit.

Harold E. Edwards
Harold E. Edwards
Capt. T.C.,
Procurement Officer

1st Ind.

TO: Special Funds Officer

24 February 1947

Approved

L. E. Kubler
L. E. KUBLER
Lt. Colonel, Ord.,
Executive Officer

STRASSBOURG

ELECTRICITE MODERNE

62, RUE DU JEU-DES-ENFANTS, 62

STRASBOURG

TÉLÉPHONE No

Anz.	Datum	Preis	
25	220	39.90	997.50
20	"	39.90	792
10	160	50.60	506.-
6	100	80.20	421.20
			2782.70
			2783

1900/10/10
 Date
 Charoche

50 amp	32	40	1280.-
6 amp	24	30	720.-
10 amp	40	40	1600.-
1	40	240	240.-
24	42	840	840.-
30	15	450	450.-
50	15	750	1100.-
20	15	300	600.-

Vendeur:

11/2

50/10

Frs.

6.860.-
 102
 6.962.-
 348.-
 6.514.-

19

ARTICLES	Fr.	Cts
25 amp 220/40	38.-	1330.-
15 amp 220/40	65.50	982.50
	2312.50	

ETABLISSEMENTS
MICHEL WAIGEL

MAISON D'ELECTRICITE
APPAREILLAGE MENAGER
INSTALLATIONS RADIO

STRASBOURG

23, Avenue de la Forêt-Noire
Téléphone No 281.02

Registre de Commerce 153.19
C. Ch. Pezoux 154.70

STRASBOURG, le 22.2.47. 194

FACTURE

pour

10	Birnen Tageslicht 220Volt-200Watt	241.20	2412.--
5	" 220Volt-100 Watt	79.--	395.--
		Fr.	2807.--
	baisse 5%		140.30
	TOTAL Fr.		2666.70

le 23. 9. 1947

Doit M P. D. M. S. K.

Garage
N° 532

Voiture	Noméro de Police	Type	Puissance
<u>Jeep Willys</u>	<u>17152</u>		

Entrée le 22. 2. 48 H 14.00 Sortie le 23. 2. 48 H 13.45

Quantité		Prix Unitaire	Prix Total
<u>1</u>	<u>Garage</u>		<u>80</u>
	<u>Lavage</u>		
	<u>Graissage</u>		

N° 532**Laissez-passer**

Visa de la comptabilité
autorisant la sortie à
rechercher par la caisse.

[Signature]

664 (stock) 11-46 - 100 car.

MEMORANDUM:

21 Feb 47

TO : Mr. Mangeng, Finance Officer
FROM : Capt. Hedrick, Supply Officer

It is requested that I be advanced the sum of 186 dollars in French France for the purpose of purchasing electrical equipment in Strassbourg. This advance will be accounted for by the undersigned.

Harlan E. Hedrick
HARLAN E. HEDRICK
Capt. T.C.,
Supply Officer.

Approved as requested
L. E. Kuller

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 293

TYPE OF FUNDS: scrip AMOUNT: 147.00 VALUE IN TERMS OF PRINCIPAL CURRENCY: 147.00

REFERENCE: Attached

EXPLANATION: Exchange of Scrip for U. S. Dollars for operational salary given to Mr. Lewis for payment to employee.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
<u>Scrip</u>	<u>147.00</u>	<u>U. S. 147.00</u>	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
COMMISSIONS	<u>147.00</u>	<u>147.00</u>	
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF VOUCHERS:

BRANCH 01 02 03 04 05 06 08 09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET
INTERNAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIAL _____

• • SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL: PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

\$ 147.21 ^{21/100} AS CONVERSION OF \$ 147 SERIP

TOTAL

147.00

SIGNATURE

L. J. J. J.

TITLE & BRANCH

Amzon.

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 387

TYPE OF FUNDS: _____ AMOUNT: _____ BAL _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

REMARKS: Exchange of Pounds Sterling for C. Lewis

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
Sterling 10 sch (2.02)		200 Scrip	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
SCHEMATA			
	2.02	2.02	
EXCHANGE Equalization		.02	
DISCONTINUOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INTERESTS:

BRANCH 01 02 03 04 05 06 07 08 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVICES TO BE PROPERLY ACCOUNTED FOR IN THE

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PROCEEDS OF

OFFICIAL EMPLOYMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL PER DIEM

2.02 sup

AS CONVERSION OF

10 schilling
French currency

TOTAL

2.02

SIGNATURE

Cordell, Louis

TITLE & BRANCH

Corn, Amazon

YOU. NO.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 365

TYPE OF FUNDS: Scrp AMOUNT: 15.40 : par VALUE IN TERMS OF PRINCIPAL CURRENCY 15.40

REFERENCE: Attached

DESCRIPTION: Payment of German Instructors salary per previous approval of the Chief of Mission

	DR.	CR.	POSTING IN ITEMS
CASH INVENTORY		15.40	
ADVERTS: _____ (name)			
TRANSFERS: _____ (station)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
TYPING	15.40		
OTHER ACCOUNTS			
TOTALS			

DESTRUCTION OF COPIES:

COPIES	01	02	03	04	05	06	07	08	09
C OF M	15.40								

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUESTION AND ACCOUNTING FORMSDate: 27 Feb 47Branch: CHIEF OF MISSION

No: _____

To: Special Funds Officer HEIDELBERG

STATION

Disbursement of Special Funds in the amount of 15.40 (154 Rms)To: ELWOOD BACKENSTOSSFor: Payment of Instructors salary.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to CHIEF OF MISSION

APPROVED BY:

By previous approval of C of M _____

(Signature)

(Title)

This is to certify that I have received 15.40 (154 Rms)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.• XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.• _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign of: Elwood Backenstoss
ELWOOD BACKENSTOSS

Heidelberg, den 25.2.1947

Abrechnung der Sprachkurse für die Woche v.
18. - 22. Februar 1947 - Kapellenweg 2.

<u>Herr Buchheim</u>	4 Std.	....	12.- RM
<u>Herr Vogt</u> /	1 "	.....	3. -
<u>Herr Aennweg</u>	2 "	.....	6. -
<u>Herr Schubert</u>	4 "	.....	12. -
<u>Herr Tribold</u>	4 "	.....	12. -
<u>Herr Reichensperger</u>	4 "	.....	12. -
<u>Herr Dr. Arens</u>	4 "	.....	12. -
<u>Frl. Gähne</u>	4 "	.....	12. -
<u>Frl. Burkhardt</u>	4 "	.....	12. -
<u>Frl. Sawitzky</u>	4 "	.....	12. -
<u>Frau Sukoffsky</u>	4 "	.....	12. -
<u>Frl. Artger</u>	4 "	.....	12. -
<u>W. Müller-Seidel</u>			25.-

154.-

Heidelberg, den 25. Februar 1947

Alfred Seidel

154 - Rm

Walton

27.2.47

Mr. Liddle

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 316

TYPE OF FUND: Scrip AMOUNT: 578.05 VALUE IN TERMS OF PRINCIPAL CURRENCY: 578.05

REFERENCE: Attached

DESCRIPTION: Trip to Belgium for disposal of agent. ~~See attached~~

Support personnel loan made to Govt. Consign in Belgium.

	Dr.	CR.	POSTING INITIALS						
CASH IN HAND	114.23✓	463.82							
ADVANCE: <u>Consign</u>	114.23✓	114.23							
(<u>Transit</u>)									
TRANSFER: <u>Brussels</u>		114.23							
(<u>Station</u>)									
CONVERSIONS									
EXCHANGE									
MISCELLANEOUS RECEIPTS:									
EXPENSE	463.82✓								
OTHER ACCOUNTS									
TOTAL									
DISTRIBUTION OF DEBITS:									
DEBIT	C1	C2	C3	C4	C5	C6	C7	C8	C9
INTELL	463.82								

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

Contents UNCLASSIFIED
 104-185
 Date 25 April 1977

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 27 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG
SECTION

Disbursement of Special Funds in the amount of 20,303 Belgium Francs (463.82)

To: Capt. L. E. Conein, Capt, Inf.

For Expenses incurred on trip to Belgium for disposal of agent

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to INTELLIGENCE

AUTHORIZED BY:

ATTACHED

(Signature)

(Title)

This is to certify that I have received (463.82) 20303 Belgium Francs
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____

(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed:

Lucien E. Conein
LUCIEN E. CONEIN
Capt, Inf.

Conein

Contents UNCLASSIFIED
Date 25 April 1977

25 February 1947

TO : Special Funds Officer

SUBJECT: Reimbursement for Trip to Belgium

1. The following accounting is submitted for expenses incurred on a trip to Belgium for the purpose of survey of furniture, disposal of an agent and procurement of identity papers for Mr. P. I certify that the expenses shown hereon were incurred by me in the accomplishment of the above missions.

19 Feb.

Meals	(See Voucher 1)	fr.	436
Tips			100

20 Feb.

Meals	(See Voucher 2)	1391 fr
Tips		100
Taxis		566
Cable to Florence		500

21 Feb.

Meals and tips, including entertain- ment of Commercial Attache to the American Embassy (See Vouchers 3 & 4)	3379
Taxis and incidentals, visiting American, Italian & Haitian Legations	740

22 Feb.

Meals and tips, including entertain- ment of Secretary to the Embassy and member of Military Attache's office (See Voucher 5)	3468
Taxis and incidentals	450

23 Feb.

Meals	(See Voucher 6)	1214
-------	-----------------	------

24 Feb.

Meals	585
Taxis and incidentals	160
Garage bill (See Vouchers 8 & 9)	610
Hotel Bill (See Voucher 10)	6604

Contents UNCLASSIFIED

Date 25 April 1977

TOTAL

fr. 20303

APPROVED FOR PAYMENT:

LOUIS E. KUBLER, Lt. Col., ORD, Executive

LUCIEN E. CONEIN, Capt., Inf

VOUCHER No. 1

Alonein

VOUCHER 2

Leone

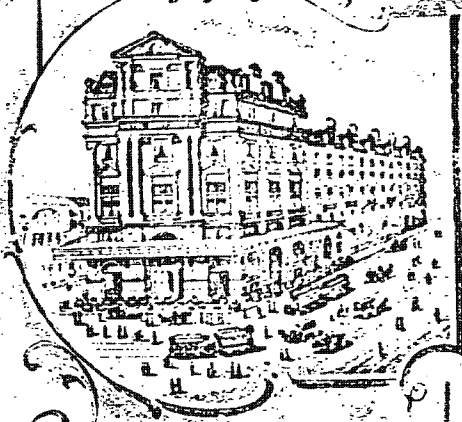
Restaurant
continental

2 Bisque	40
1 Chateaux	300
2. ch	
Bienvenue	18
ex	15
4	373
TIP	40
	<u>413</u>

VOUCHER 3

Blonci

17023
170232



HÔTEL
Continental
PLACE DE BROUCKERE
REGISTRE DU COMMERCE BRUXELLES N° 401
BRUXELLES

2 cabbrugh	25. -
Homard.	560. -
2 cafés	15. -
	<hr/>
	700
Skisce	100
	<hr/>
	800

	100
TIP	<hr/>
	900

VOUCHER IV

Grönin

Italia Restaurant

Bruxelles

Del Bono : Propriétaire

Table 8	Couverts
Coffert	60
Zupp	120
Encorget	350
Lillet	300
Desert	200
Bun	50
Cofe	50
Servis	<hr/> 1130
	150
	<hr/> 1280
Tip	130
	<hr/> 1410

VOUCHER IV

Leconin

total	50.
2.400 V11	140.
thick	240.
scat	25.
scat	15.
entire	220.
2.400	50.
3.400	50.
1.400	18.
2.400	25.
2.400	20.
each	450
2.400	1350
amercu	130.
2.400	30.
2.400	63.
each	25.
	<hr/> 1273.00
tax	230.
	<hr/> 1503.00
total	15000,6590

VOCHER VI

Belconin

No. 2 546²
TIP 60
606

VOUCHER

VII

L. G. Cowie

Italia Restaurant

Bruxelles

Del Bona : Propriétaire

Table 7 Couverts

Ruffino 250

Ravioli 240

Comelloni 25

Entrée 330

Chicori 90

Bruno 40

Boffe 50

995

Canon 99

1094

Tip

100

1194

VOUCHER

VIII

Glenn

h. Souper	50
12 cr. ang. b.	45
Pate-m	45
Filet Pull	200
Caribee	60
Cafin x	25
	<hr/> 185
pro	<hr/> 535

VOUCHER ~~II~~

Blonin

18.03.93 - C.C.P. 2259.19
 S.A.M.
 10, Boulevard Adolphe Max
 1050 Bruxelles
 61.03.93 - C.C.P. 2259.19

Recu pour
 fourniture
 et réparations à la suite
 Plymouth. S. 0 2 4 0 2

Régler et payer fiens:

m. d. cures	360.-
1 Goupille:	35.-
huile 1/2 litre:	115.-
Gavage	100.-
	<u>610.-</u>

Bruxelles le 24
 a 24

VOUCHER X

Lucien Konei

La Direction a l'honneur d'informer Messieurs les Clients que les chèques ne peuvent être acceptés en paiement de la note d'hôtel.

Guest are respectfully informed that cheques will not be accepted in payment of bills.

HOTEL PLAZA

BOULEVARDES



Appartement N° 212

M. *Morici Louen*

M. E. D.

MOIS d	19	20	21	22	23	24	25
Report		720	1448	2382	3392	4474	5450
Appartement	720	720	720	720	720	720	
Arrangement							
Domestique							
PETIT DÉJEUNER			170 36	170 46	105 84	89 32	
LUNCH							
DINER							
CARTE							
Thé, Café				54 20	187	100 27	
Vins, Eaux minérales, Bières							
BLANCHISSAGE REPASSAGE							
TÉLÉPHONE		7	4		6	8	
VILLE INTER			4				
Débours, Portier Transfert							
Montant du jour	720	1448	2382	3392	4474	5450	
Notes payées							
A reporter							
						Total	5450
						Taxe	500
						Service 12%	65
						TOTAL GÉNÉRAL	6604

Les notes sont payables le lendemain de leur présentation.

S.V.P. N'oubliez pas de rendre votre clé -- Please do not forget to leave your key.

Service 12%

TOTAL GÉNÉRAL

5450
500
65
6604

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 387

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DETAILS: Operational Whiskey purchased from the Officer's club.

	DR.	CR.	POSTING INITIALS					
CASH INVENTORY		147.60						
ADVANCES: _____ (Name)								
TRANSFERS: _____ (Station)								
CONVERSIONS								
EXCHANGE								
MISCELLANEOUS RECEIPTS:								
EXPENSE	147.60							
OTHER ACCOUNTS								
TOTALS								
DISTRIBUTION OF DEBITS:								
01	02	03	04	05	06	07	08	09
INTELL.								147.60

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FORMS

Date: 27 Feb 47 Branch: INTELL No: _____

To: Special Funds Officer HEIDELBERG
Station: _____

Disbursement of Special Funds in the amount of \$147.60

To: IDELBERG OFFICER'S CLUB

For: OPERATIONAL WHISKEY

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

APPROVED BY:

ATTACHED

(Signature)

(Title)

This is to certify that I have received \$147.60
(Amount and type of funds)
for the Special Funds Officer for the purpose as above authorized.

* XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph

Signature

L. E. KUELER
Lt. Col. Ord

BILLS

TO: MR. LEWIS

CERTIFICATE OF RECEIPT

FROM: IDYLBURG OFFICERS CLUB

ARTICLE	UNIT	AMT	PRICE
Champagne	btls.	80	@ \$ 2.10 \$ 105.00
Wine	btls.	10	@ \$.90 \$ 9.00
Cognac	btls.	12	@ \$ 2.80 \$ 33.60
Total			\$ 147.60

25/2/47

Approved for reimbursement to Officers Club on advice from Mr. Lewis that the above items were used for operational reasons.

Louis E. Kubler
LOUIS E. KUBLER
Lt. Col., ORD
Executive Officer

certify that I have received the above listed items in good dition."

Signature

Date

I certify that I have received above amount for items indicated."

Signature

Date

Voucher No.

HKS

POSTING VOUCHERDATE: 28 February 1947VOUCHER NO. 388

TYPE OF

FUND:

AMOUNT:

RATE:

VALUE IN TERMS OF

PRINCIPAL CURRENCY

REFERENCE: Attached

CASH ACCOUNT:

	DR.	CR.	POSTING INITIALS						
CASH INVENTORY	18.00								
ADVANCES: _____ ()									
TRANSFERS: <u>Stockholm</u> (Station)		18.00							
CONVERSIONS									
EXCHANGE									
MISCELLANEOUS RECEIPTS:									
EXPENSE									
OTHER ADJUSTS									
RECEIPTS									
DISTRIBUTION OF RECEIPTS:									
ERA	01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

14-00000

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 28 February 1947

Number _____

TO : SECRET (Designation of Station to be charged or credited) (Address)

FROM: SECRET (Designation of initiating station) (Address)

Your account has been (~~Charged~~ - Credited) on our books as follows: (~~Insert cut one~~)

Type of Funds _____ Amount \$ 10.00 Rate _____ US Dollar Equivalent 10.00

Identification of individual (If applicable): _____

Joyce Mayclin

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: Funds received from Miss Mayclin to be transferred for her credit.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Ser 1946

cc: Copenhagen

SECRET

POSTING VOUCHER

DATE: 21 Feb 47

VOUCHER NO. 389

TYPE OF FUND: Base AMOUNT: 1197 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY 119.70

REFERENCE: Attached

DETAILS ABOUT: PURCHASE OF MOTOR POOL EQUIPMENT AND REPAIRS

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		119.70	
ADVANCES: _____ (name)			
TRANSFERS: _____ (station)			
COMMODITIES			
EXCHANGE			
DISCONTINUOUS RECEIPTS:			
REVENUE	119.70		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF AMOUNTS:

	01	02	03	04	05	06	07	08	09
SERVICES								119.70	

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUEST FOR ACCOUNTING OF FUNDS

Date: 21 Feb 47 Branch: SERVICES No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 119.70 (1197 Rma)

To: Lt. Col. L. E. Kubler

For: MOTOR POOL EQUIPMENT AND REPAIRS

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to SERVICES

AUTHORIZED BY:

L. E. Kubler
L. E. KUBLER
Lt. Col, Ord

EXECUTIVE OFFICER
(title)

This is to certify that I have received \$119.70
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: *L. E. Kubler*
L. E. KUBLER
Lt. Col., Ord.

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant
Julien E. Gleize:

a. Massholder	-	1012.88 ✓
b. Wagner	-	6.00 ✓
c. Engelhardt & Co	-	3.00 ✓
d. Trippmacher	-	18.00 ✓
e. Tracker	-	5.00 ✓
f. Bozahlt	-	11.25 ✓
g. Haab	-	5.32 ✓
h. Nirk	-	63.60 ✓
		<hr/> 1125.05
i. Mehl	-	72.00 ✓
		<hr/> 1197.05 - total RM

K
ARB

Julien E. Gleize
M/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

1197.05
1137.56

59.59

L. E. Kubler
L. E. KUBLER
Lt. Col, Ord
Exec. Officer

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSHECKKONTO: KARLSRUHE 18260 - FERNRUF 348
RB.-Nr. 00647030 - EPPELHEIMER STRASSE 57-59



RECHNUNG für War Department G.A. 43

Heidelberg.

Heidelberg, den 20.2.47/ha.

Datum			RM	Rpl.
Febr. 6.	Auf einen Jeep einen angelieferten Aufbau aufgesetzt.			
	65,75 Stunden	à RM 2.80		184.10
	1 Schweißstunde			6.--
	1 Maschinenstunde			4.--
	3 m Köder			1.80
	0,5 kg Flachisen			1.15
	2 kg Blech			1.70
	2 Schließbleche			1.30
	38 Eisengew. Schrauben			6.84
	38 Federringe			1.90
	15 Maschinenschrauben			3.--
	4 Schloßschrauben			1.60
	4 Holzschrauben			1.28
	0,02 cbm Buchenholz	145.--		2.90
	0,03 cbm Tannenholz	130.--		3.90
	Ausführung von Reparaturen und			
	Aufbau von		RM	216.47

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSHECKKONTO: KARLSRUHE 18260 - FERNRUF 348
RB.-Nr. 00647030 - EPPELHEIMER STRASSE 57-59



RECHNUNG für War Department G.A. 43 ,

Heidelberg.

Heidelberg, den 20.2.47/ha.

Datum			RM	Rpl.
Febr. 7.	Auf einen Jeep- einen angelieferten Aufbau aufgesetzt.			
	68 Stunden	à RM 2.80		190.40
	1 Schweißstunde			6.--
	1 Maschinenstunde			4.--
	3 m Köder			1.80
	2 Schließbleche			1.30
	15 Maschinenschrauben			3.--
	4 Schloßschrauben			1.60
	38 Eisengew. Schrauben			6.84
	38 Federringe			1.90
	4 Holzschrauben			1.28
	0,02 cbm Buchenholz	145.--		2.90
	0,03 cbm Tannenholz	130.--		3.90
	Ausführung von Reparaturen und			
	Aufbau von		RM	221.62

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSHECKKONTO: KARLSRUHE 1220 - FERNST. 348
RB.-Nr. 0084000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43,

Heidelberg.

Heidelberg, den 20.2.47/Es.

Datum			RM	Stk
Febr. 7.	Einen angelieferten Aufbau auf einen Jeep aufgesetzt.			
	68 Stunden	2.80	190.40	
	1,5 Schweißstunden	6.--	9.--	
	1 Maschinenstunde		4.--	
	3 m Köder	-.60	1.80	
	2 Schließbleche	-.15	-.30	
	15 Maschinenschrauben	-.20	3.--	
	4 Schloßschrauben	-.15	-.60	
	38 Eisengew. Schrauben	-.18	6.84	
	38 Federringe	-.05	1.90	
	4 Holzschrauben	-.07	-.28	
	0,02 cbm Buchenholz	145.--	2.90	
	0,03 cbm Farnenholz	130.--	3.90	
	Ausführung von Reparaturen und Arbeit von ... nur gegen ... Kasse		224.92	

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSHECKKONTO: KARLSRUHE 1220 - FERNST. 348
RB.-Nr. 0084000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43

Heidelberg.

Heidelberg, den 20.2.47/Es.

Datum			RM	Stk
Febr. 6.	1 angelieferten Aufbau auf einen Jeep aufgesetzt.			
	64,75 Stunden	2.80	181.30	
	0,5 Schweißstunden	6.--	3.--	
	1 Maschinenstunde		4.--	
	0,5 kg Flacheisen	-.30	-.15	
	2 kg Blech	-.35	-.70	
	2 Schließbleche	-.15	-.30	
	3 m Köder	-.60	1.80	
	15 Maschinenschrauben	-.20	3.--	
	4 Schloßschrauben	-.15	-.60	
	38 Eisengew. Schrauben	-.18	6.84	
	38 Federringe	-.05	1.90	
	4 Holzschrauben	-.07	-.28	
	0,02 cbm Buchenholz	145.--	2.90	
	0,03 cbm Farnenholz	130.--	3.90	
	Ausführung von Reparaturen und Arbeit von ... nur gegen ... Kasse		210.67	

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTScheckkonto: KARLSRUHE 1260 - FEHNHOF 348
Kb.-Nr. 0094030 - EPPELHEIMER STRASSE 37-39

RECHNUNG Nr. War Department G.A. 43,

Heidelberg.

Heidelberg, den 19.2.47/Ea.

Datum				RM	Spf.
Jan.	20.	1 Jeep Nr. 20430393	geputzt und gespritzt		
"	"	1 " Nr. 20672041	" " "		
"	"	1 " Nr. 4661170	" " "		
"	23.	1 Pw Nr. 1834526	" " "		
Febr.	3.	1 " Nr. 1826585	ausgebessert.		
		30,5 Stunden	à RM 2.20	25.40	
		8,5 Spritzstunden	" " 3.—	25.50	
				110.90	
			Beitrag Bankkonto erhalten		
			Heidelberg, den 19.2.47		
			L. & R. Massholder		
			i. a. E. Maas		

Ausführung von Reparaturen und
Arbeits von 1. nur
gegen EC 1. 1. 1947

Erklärungen innerhalb 5 Tagen. Erklärungsart und Gerichtsstand in Heidelberg

Quittung

RM

von

für

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den

1947

RM

L. u. R. Massholder

Fahrzeugbau

1947 & 1948

Quittung

RM

Prüfzettel 52/4

von

War Department, G.H. 43

für

*2 Auspuffröhren schwarz
8 verschärft*

richtig erhalten zu haben, bescheinigt hiermit.

8. 2. 47

HEIDELBERG, den

12. 2.

194 *7*

RM

15.50

L. u. R. Maßholder

Fahrzeugbau

JWN 1. 45. 522

Quittung

RM

Zwei 50/40

von

War Department G.H. 43

für

1 Kugel angefertigt

5. 2. 47

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den

12. 2.

194 *7*

RM

2.50

L. u. R. Maßholder

Fahrzeugbau

JWN 1. 45. 522

Walter Wagner
Kraftfahrzeugteile
Mannheim

jetzt: Heidelberg,
Leopoldstraße 19 - Fernruf 2790

Barverkauf Nr. 5596

Fa.

M. S. A. Wass-Department
Hbf

Betr.: Ihre Best. vom

Nr.

Sie empfangen anbei:

Stück Nr.		Stück Nr. Preis	RM
100	Hohlwider 4x8 700	2.-	2.-
100	Stiel 4x10 700	2.-	2.-
100	" 4x15 700	2.-	2.-
			6.-

Betrag erhalten:
für Walter Wagner

Kahn

MGD. 1. 42. 43 S. 16. A 50/50 D.

HEIDELBERGER GUMMI-VERWERTUNG

ENGELHARDT & Co.

Tel. 4571 u. 2629 **HEIDELBERG** Bergheimerstr. 49

Postcheckkonto Ludwigshafen Nr. 2909

Lieferschein Nr.

5524

Den

7. Februar 1947

für *Militär-Regierung Heidelberg*

Sie empfangen anbei für Ihre Rechnung und Gefahr per Express-Frachtgut-Post-Boden-Auto-Selbstabholung:	
3 <i>Stück 7. - Kolonnen</i>	3
<i>Betrag erhalten</i>	
<i>7. II. 47.</i>	
<i>Bäcker</i>	

Lieferungsbedingungen: Eigentumsvorbehalt nach § 455 BGB. Alle Sendungen gehen auf Gefahr des Empfängers. Beanstandungen können nur innerhalb 5 Tagen berücksichtigt werden. Erfüllungsort und Gerichtsstand ist Heidelberg.

Auto - Licht - und - Dienst
L. Fath-Trippmacher
Heidelberg

Heidelberg,
Alte Bergheimerstr. Nr. 1 / Tel.

QUITTUNG 2051 *

Rep. am Delco-Reparatur
Systeme
L. Fath-Trippmacher
Heidelberg

24

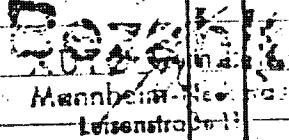
48,-

Tracker

für

von

Zählbar:

10	Reinhold 640 600	b.	P. -
	H. Zundig		2.5
			14.5
			

**für Automobile
und Motorräder**



Viktoria-Werke A.-G. Nürnberg
und Deutsche FIAT A.-G.
Heilbronn-Berlin

FRIEDR.

H A A B

Bergheimer Straße 111/113 Kraftfahrzeuge Fernsprech-Anschluß 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zubehör
 SKF-Kugellagerstock — Tankstelle — Marken-Öle — Großes Reifenlager

Heidelberg

Bar-Verkauf

09064

de-

19

.19

Bankkonto: Handels- u. Gewerbebank Heidelberg / Postscheckkonto: Nr. 23748 Amt Karlsruhe

10	plants	N 6	-12	-	2
20	.	N 5	-05	1.-	-
12	plants	N 6	-50	-	60
20	.	N 5	-05	1.-	-
			22	3.12	2

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe

Untersuchung verkaufter Ware nur in einwandfreiem, ungebrauchten Zustand innerhalb 3 Tagen möglich

90 Bl. 12. 45 Falschdruck Heidelberg

Fabrik-Verteilung der Bayerischen Motoren-Werke A.-G., München und Eisenach

**für Automobile
und Motorräder**



Viktoria-Werke A.G. Nürnberg
und Deutsche FIAT A.G.
Heilbronn-Berlin

FRIEDR.

H A A B

Kraftfahrzeuge Fernschreib-fachzeile 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zusätze
SEK-Kupplagerstock — Tankstelle — Marken-Öle — Großes Parfumlager

Holdsworth

Bar-Verkauf

05014

49

19

Bankkonto: Handels- u. Gewerbepank Heilberg / Postscheckkonto: Nr. 23748 Post-Kontokorrent

[illegible]

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe

20 Bl. 10. 65 Fahrdruck Heidelberg

90 131 10. 45 Faberdruck Heidelberg



Den 1. 2. 1947

Karl Nirk. (17a) Heidelberg
Römerstraße 2-10 — Fernruf 41 46

Anzahl	Sie erhalten zufolge Ihrer Bestellung	Betrag
1	21.4 4/6	1. 20
1	2.61 4/5	- 25
		1. 55
	+ 15% PAZ	- 50
		1. 75

Dieser Zettel gilt ohne weiteres als Quittung

Quittung
über Barverkauf Nr. 01995

Nr. 60
von Herrn Schwabacher Betty
für 1 Batterie 12 Volt

Reichsmark
Festsetzung

richtig erhalten zu haben bescheinige hiermit
Heidelberg den 8. 2. 1947
Karl Nirk
Römerstraße 2-10 Heidelberg
H. Nirk

GEORG MEHL

Autokühlerbau · Reparaturen
von sämtlichen Systemen

HEIDELBERG

Schlaunhausstraße
Bankkonto: Handels- u. Gewerbebank 7539

Heidelberg, den 13. 2. 1947
Telefon 3908

RECHNUNG

für U. J. Aron

1 Winter reg

Ran 72 —

Rechnung
gg. N

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant
Julien E. Gleize:

a. Masaholder	-	1012.33
b. Wagner	-	6.00
c. Engelhardt & Co	-	3.00
d. Trippmacher	-	18.00
e. Tracker	-	5.00
f. Bozanlt	-	11.25
g. Hand	-	5.32
h. Nirk	-	63.60
		<hr/>
		1125.05
i. Mehl	-	72.00
		<hr/>
		1197.05 - total RM

Julien E. Gleize
W/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

L. E. KUBLER
Lt. Col, Ord
Exec. Officer

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

7 March 1947

*Tammy
Payant
Brown*

SUBJECT: Pay vouchers

TO: Mr. E. D. Echols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of payroll voucher #390, covering pay period 12 January thru 8 February 1947. This voucher was forwarded to Washington with our February accounts.

F. H. Mangeng
F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

7 March 1947

SUBJECT: Pay vouchers

TO: Mr. E. D. Nichols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of
payroll voucher #390, covering pay period 12 January
thru 8 February 1947. This voucher was forwarded to
Washington with our February accounts.

F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

SECRET No. 1
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE RUTH ABRAMS Position ADMIN ASST

Annual Rate Amt. Payable
 \$ 3522.60 100.00 100.00
 in _____
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance \$ _____
 Cost of living allowance \$ _____
 Total Foreign Living allowance \$ 1092.70 25.20
 in _____
 Type Currency Rate of Exchange (Amount)
 TOTAL 125.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

• I have taken 24 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 2
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE CARMEN G. ADKISSON Position CLERK

	Annual Rate	Ant. Payable
	<u>\$2644.80</u>	<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)
		<u>100.00</u>

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance	<u>\$</u>	<u>\$</u>
Cost of living allowance	<u>\$</u>	<u>\$</u>
Official Foreign Living allowance	<u>\$1365.70</u>	<u>31.50</u>
Is in		<u>31.50</u>
Type Currency	Rate of Exchange	(Amount)
		<u>TOTAL 131.50</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
(X) I am married with dependents in area (where)
() I was in travel status from _____ to _____ incl.

- I have taken 16 hours of annual leave from 28 Jan 47 to 2 Feb 47, during this period.
• Quarters and/or meals were furnished me as follows: _____

_____, 19____
Signature or self-applied No. of Payee
Approved for payment _____
Signature Title

CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 3
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR MEMBER OF PAYEE ROSS E. BACKENSTOSS Position Reports Officer

	Annual Rate	Amt. Payable
	\$ <u>4149.60</u>	<u>75.00</u>
Type Currency	Rate of Exchange	<u>75.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$	\$
Cost of living allowance	\$	\$
Indl Foreign Living allowance	\$ <u>1274-70%</u>	\$ <u>29.40</u>
Indl in	Type Currency	Rate of Exchange
		<u>29.40</u> (Amount)
		TOTAL <u>104.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19 ____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 4
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Payee HERBERT T. BARN Position JR. INTELL OFFICER

	Annual Rate	Ant. Payable
	\$ <u>3397.20</u>	<u>55.38</u>
Type Currency	Rate of Exchange	<u>55.38</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		
Quarters allowance	\$ <u> </u>	\$ <u> </u>
Cost of living allowance	\$ <u> </u>	\$ <u> </u>
Special Foreign Living allowance	\$ <u>1002.70%</u>	\$ <u>25.20</u>
aid in	\$ <u> </u>	\$ <u> </u>
Type Currency	Rate of Exchange	<u>25.20</u> (Amount)
		TOTAL <u>80.58</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "x" statements applicable)
☐ I am single without dependents in area.
☐ I am single with dependents in area.
☐ I am married without dependents in area.
☐ I am married with dependents in area
☐ I was in travel status from to incl.
 * I have taken 144 hours of leave from to , during this period.
 * Quarters and/or meals were furnished me as follows:

10
 Signature or self-applied No. of Payee
 Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 5
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Payee GEORGE N. BELIC Position _____

	Annual Rate	Ant. Payable	
-----	\$ <u>5905.20</u>	<u>396.64</u>	<u>396.64</u>
Type Currency _____	Rate of Exchange _____		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Quarters allowance	Annual Rate	Ant. Payable	
Cost of living allowance	-----	-----	
Special Foreign Living allowance	\$ <u>1820</u>	\$ <u>140.00</u>	
Cost in _____			<u>140.00</u>
Type Currency _____	Rate of Exchange _____		(Amount)
			TOTAL <u>536.64</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

_____ 19 ____
 Signature or self-supplied No. of Payee _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 6
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE ARAXI BOSTANIAN Position

Annual Rate Amt. Payable

\$2895.60 69.23

69.23

Type Currency Rate of Exchange

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance

Cost of living allowance

Foreign Living allowance

\$1092 - 70% 25.20

25.20

2 in

Type Currency Rate of Exchange

(Amount)

TOTAL 94.43

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area.

() I am in travel status from to incl.

* I have taken 444 hours of leave from to during this period.

* Quarters and/or meals were furnished me as follows:

19

Signature of self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 7
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR NUMBER OF PAYEE: HENRY B. BRADFORD Position INTELL OFFICER

	Annual Rate	Amt. Payable
	\$ <u>4149.60</u>	<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$ <u> </u>	<u> </u>
Cost of living allowance	\$ <u> </u>	<u> </u>
Special Foreign Living allowance	\$ <u>1274.204</u>	<u>29.40</u>
Paid in		<u>29.40</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>129.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

- * I have taken 340 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 8
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR NUMBER OF PAYEE EARLE J. CARLETON Position _____

	Annual Rate	Am't. Payable
	<u>\$ 4902</u>	<u>180.00</u>
Type Currency	Rate of Exchange	<u>180.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Am't. Payable
Quarters allowance	<u>\$</u>	<u>\$</u>
Cost of living allowance	<u>\$</u>	<u>\$</u>
Special Foreign Living allowance	<u>\$ 1274-70%</u>	<u>\$ 29.40</u>
and in		<u>29.40</u> (Amount)
Type Currency	Rate of Exchange	<u>TOTAL 209.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- (X) I am married without dependents in area.
- () I am married with dependents in area
- () I was in travel status from _____ to _____ incl.

* I have taken 48 hours of Sick leave from 25 Jan 47 to 31 Jan 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name OR NUMBER OF PAYEE GOULD M. CASSAI Position EDITORIAL ANALYST

	Annual Rate	Amt. Payable
Basic Pay	\$ <u>4149.50</u>	<u>303.24</u>
Type Currency	Rate of Exchange	<u>303.24</u> (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1274.703</u>	\$ <u>29.40</u>
Aid in	Type Currency	Rate of Exchange
		<u>29.40</u> (Amount)
		TOTAL <u>332.64</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

• I have taken 440 hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

_____ 10 _____.
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 10
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE LAURA B. COAR Position CHIEF STENO

Annual Rate Amt. Payable
\$ 2644.80 60.00
 Type Currency Rate of Exchange 60.00
 (Amount)
 If amount of salary is other than as authorized by Foreign Duty Data
 Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance \$
 Cost of living allowance \$
 Special Foreign Living allowance \$ 1092.70% 25.20
 Paid in 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 85.20

I CERTIFY that I have received the above amounts for the purpose and period
 stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 16 hours of sick leave from 21/1/47
 to 23/1/47 during this period.

* Quarters and/or meals were furnished me as follows: _____

* _____ 19 ____ Signature or self-applied No. of Payee

* Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number
 appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during
 period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 11
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 2 Feb 47
 OR NUMBER OF DAYS ANN B. CROLIUS Position CLERK

	Annual Rate	Amt. Payable
	<u>\$ 26.44.80</u>	<u>60.00</u>
in <u> </u>		<u>60.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	<u> </u>	<u> </u>
Cost of living allowance	<u> </u>	<u> </u>
Individual Foreign Living allowance	<u>\$ 1092.70%</u>	<u>25.20</u>
in <u> </u>		<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>85.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by ☒ statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from to incl.

* I have taken 24 hours of annual leave from 5 Jan 47 to 2 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows:

 19 Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 12
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE FRANK T. CHAMBERLAIN Position SR INTELL OFFICER

Annual Rate Amt. Payable

----- \$ 5905.20 ----- 200.00
 Type Currency Rate of Exchange 200.00
 (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance -----
 Cost of living allowance -----
 Special Foreign Living allowance \$ 1456.70% 33.60
 Paid in -----
 Type Currency Rate of Exchange 33.60
 (Amount)
TOTAL 233.60

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment _____

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 13
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR MEMBER OF PAYE VIRGINIA R. CARRING Position CLERK

	Annual Rate	Ant. Payable
	\$ <u>3027</u>	<u>25.00</u>
Type Currency	Rate of Exchange	<u>25.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

Quarters allowance	Annual Rate	Ant. Payable
Cost of living allowance	\$	\$
Cost of Foreign Living allowance	\$ <u>1092-765</u>	<u>25.20</u>
Cost in		<u>25.20</u> (Amount)
Type Currency	Rate of Exchange	<u>50.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Approved for payment 19 _____
 Signature of self-applied No. of Payee
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY (I)
ALLOWANCE QUANTITIES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____ 14

DATE OF ISSUANCE OF PAY _____ Position _____
 12 Jan 47 8 Feb 47

ELEASER GILBERT Annual Rate Amt. Payable CLERK

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than authorized by Foreign Duty Data Sheet or other official document, explain here). 3.74

Annual Rate Amt. Payable
 1942-1943 - Resigned 8 February 1947
 Special Foreign Living Allowance _____
 and in _____

Type Currency Rate of Exchange (Amount)
 1942-70% 25.20 TOTAL

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished me as follows: _____

 Signature of self-applied No. of Payee
 Approved by Agent _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 10-1
VOUCHER FOR PAYMENT OF INDIVIDUAL LEAVE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE ELEANOR GRACO Position CLERK

	Annual Rate	Amt. Payable
in _____	<u>\$ 2614.80</u>	<u>91.55</u>
Type Currency	Rate of Exchange	<u>91.55</u>
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

Resignation effective 8 February 1947. Paid this voucher for accrued Annual Leave - 72 hours.

	Annual Rate	Amt. Payable
Quarters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
aid in _____	_____	_____
Type Currency	Rate of Exchange	(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

_____ 10 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 15
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GERARD J. HANN Position JR INTELL OFFICER

	Annual Rate	Am't. Payable
	\$ <u>3397.20</u>	<u>50.00</u>
Type Currency	Rate of Exchange	<u>50.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		
Quarters allowance	Annual Rate	Am't. Payable
Cost of living allowance		
Cost of Foreign Living allowance	\$ <u>1092.70</u>	<u>25.20</u>
3 in	Type Currency	Rate of Exchange
		<u>25.20</u> (Amount)
		TOTAL <u>75.20</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 48 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

19 47.

Signature or self-applied No. of Payee

Approved for payment

Signature

I certify that the above reimbursement has been based on correct and complete data whose name is typed above and that the original has been forwarded along with original of this voucher and that the original of this voucher has been retained in the file of the payee's record and will be forwarded to Washington for attachment as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 16
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Payee ROBERT A. HARRISON Position CLERK TYPIST

	Annual Rate	Ant. Payable	
Salary	\$ <u>2644.80</u>	<u>176.24</u>	
Type Currency	Rate of Exchange		<u>176.24</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			
Quarters allowance	Annual Rate	Ant. Payable	
Cost of living allowance			
Total Foreign Living allowance	<u>1092-70%</u>	<u>25.20</u>	
Type Currency	Rate of Exchange		<u>25.20</u> (Amount)
			TOTAL <u>201.44</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

- * I have taken no hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

_____, 19____
 Signature or self-applied No. of Payee
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 17
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR MEMBER OF RATE BEVERLY E. HAYES Position CLERK STENO

Annual Rate Amt. Payable
\$ 3021 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data
 Sheet or other official document, explain here).

TDY Berne, to be paid by Berne Office

	Annual Rate	Amt. Payable
Quarters allowance	\$ <u> </u>	\$ <u> </u>
Cost of living allowance	\$ <u> </u>	\$ <u> </u>
Special Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>none</u>
and in		<u>none</u>
Type Currency	Rate of Exchange	(Amount)
		<u>TOTAL none</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from to incl.

* I have taken hours of leave from
 to , during this period.

* Quarters and/or meals were furnished me as follows:

19 .

Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 18
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR NAME OF PAYEE HENRY D. HECKSNER Position SR INTELL OFFICER

Annual Rate Amt. Payable
\$ 4902 none
 Type Currency Rate of Exchange none
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	<u>\$</u>	<u>\$</u>
Cost of living allowance	<u>\$</u>	<u>\$</u>
Individual Foreign Living allowance	<u>\$ 1274-703</u>	<u>29.40</u>
and in		<u>29.40</u>
Type Currency Rate of Exchange		(Amount)
		<u>TOTAL 29.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 110 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 10 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 10

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/QUARTERS AND/COST OF LEVIES ALLOWANCESPeriod of this Voucher: From 12 Jan 47 to 8 Feb 47NAME OR NUMBER OF PAYEE BLAHOSLAV HANEY Position _____

Annual Rate Amt. Payable

\$ 4651.20 100.00

Type Currency Rate of Exchange

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance

Cost of living allowance

Special Foreign Living allowance

and in

Type Currency Rate of Exchange

11.55

(Amount)

TOTAL 111.55

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

(X) I am married without dependents in area.

() I am married with dependents in area.

() I was in travel status from 14 Jan 47 to 30 Jan 47 incl.

* I have taken 440 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

is _____

Signature or self-applied No. of Payee

Received for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 29
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE BOLESLAV A. HOETSMAN Position SR IN BILL OFFICER

Annual Rate Amt. Payable
 Salary \$ 4902 358.20
 Type Currency Rate of Exchange 358.20
 (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance \$
 Cost of living allowance \$
 Special Foreign Living allowance \$ 1274.70% 29.40
 Paid in 29.40
 Type Currency Rate of Exchange (Amount)
TOTAL 387.60

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- * I have taken 240 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000
SECRET No. 21
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE PETER HEIMANN Position INTELL OFFICER

	Annual Rate	Ant. Payable	
Salary	<u>\$ 4902</u>	<u>165.00</u>	
Paid in			<u>165.00</u>
Type Currency	Rate of Exchange		(Amount)
CHECK: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	<u>1592-70%</u>	<u>36.74</u>	
Paid in			<u>36.74</u>
Type Currency	Rate of Exchange		(Amount)
			<u>TOTAL 201.74</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 30 hours of Annual leave from 12 Jan 47 to 8 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 22
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LUCILE G. HENKE Position ADMN ASST

Annual Rate Amt. Payable

Salary ----- \$ 3648 101.69

Paid in ----- 101.69

Type Currency Rate of Exchange

(Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance ----- \$ -----

Cost of living allowance ----- \$ -----

Special Foreign Living allowance ----- \$ 1092.70% 25.20

Paid in ----- \$ -----

Type Currency Rate of Exchange

25.20

(Amount)

TOTAL 126.89

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area

() I was in travel status from ----- to ----- incl.

* I have taken 111 hours of ----- leave from -----
to -----, during this period.

* Quarters and/or meals were furnished me as follows: -----

Date 19 -----

Signature or self-applied No. of Payee

Approved for payment -----

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 23

Period of this Voucher: From _____ to _____
 NAME OR NUMBER OF PAYEE 12 Jan 47 Position 8 Feb 47
DONALD G. HUEFNER DESK HEAD

	Annual Rate	Ant. Payable
Salary _____		
aid in _____		
Type Currency	Rate of Exchange	
	<u>4149.60</u>	<u>50.00</u>
(Amount) <u>50.00</u>		

REMARKS: (If amount of salary is other than as authorized by Foreign Disb. Sheet or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance _____		
Cost of living allowance _____		
Special Foreign Living allowance _____		
aid in _____		
Type Currency	Rate of Exchange	
	<u>1274-70%</u>	<u>29.40</u>
(Amount) <u>29.40</u>		

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____.

Signature or self-applied No. of Payee _____

Approved for payment _____

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 24
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MARY E. HUTCHISON Position ADMIN ASST

Annual Rate	Amt. Payable	
<u>\$ 3397.20</u>	<u>none</u>	<u>none</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).		

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Special Foreign Living allowance	<u>1092-70%</u>	<u>25.20</u>
Paid in	Type Currency	Rate of Exchange
		<u>25.20</u>
		(Amount)
		TOTAL 25.20

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area.
- ☐ I was in travel status from _____ to _____ incl.

* I have taken no hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 10 _____

Signature or self-supplied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 25
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE CYNTHIA J. JUSSEL Position INTELL ANALYST

		Annual Rate	Amt. Payable
Salary	_____	\$ <u>3397.20</u>	<u>210.34</u>
Paid in	_____		<u>210.34</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			
		Annual Rate	Amt. Payable
Quarters allowance	_____	\$ _____	_____
Cost of living allowance	_____	\$ _____	_____
Special Foreign Living allowance	_____	\$ <u>1092-70%</u>	<u>25.20</u>
Paid in	_____		<u>25.20</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>235.44</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area.
- ☐ I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

** Not required if payment is in accordance with Washington authorization.

*** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 26
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NAME OF PAYEE WALTER JESSEL Position REPORTS OFFICER

	Annual Rate	Ant. Payable
Salary -----	\$ <u>4902</u>	<u>100.00</u>
Paid in -----		<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance -----	\$ -----	<u>29.40</u>
Cost of living allowance -----	\$ -----	
Special Foreign Living allowance -----	\$ <u>1274.70%</u>	<u>29.40</u>
Paid in -----		<u>29.40</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>129.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 16 hours of annual leave from 12 Jan 47 to 8 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 10 _____

Signature or self-applied No. of Payee

* Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 27
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE SIDNEY H. LEWINGTON Position CHIEF, OPERATIONS

Annual Rate Amt. Payable
\$ 7102.20 100.00
 Type Currency Rate of Exchange 100.00
 (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Wife paid on this roll L&Q prorated

Annual Rate Amt. Payable
 Quarters allowance \$ 21.00
 Cost of living allowance \$ 18.00-70¢ 21.00
 Special Foreign Living allowance 21.00
 Paid in 21.00
 Type Currency Rate of Exchange (Amount)
TOTAL 121.00

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken 16 hours of sick leave from 6 Feb 47 to 8 Feb 47, during this period.
- * Quarters and/or meals were furnished me as follows: _____

At _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 28
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR MEMBER OF PAYEE WILMA T. LEMINGTON Position ADMIN ASST

Annual Rate Amt. Payable

Salary ----- \$ 3397.20 50.00
 Paid in ----- 50.00
 Type Currency Rate of Exchange (Amount)
 REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).
L & Q prorated. Refer voucher 27 this roll

Annual Rate Amt. Payable

Quarters allowance -----
 Cost of living allowance -----
 Special Foreign Living allowance \$ 1820.70 21.00
 Paid in ----- 21.00
 Type Currency Rate of Exchange (Amount)
 TOTAL 71.00

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken 16 hours of annual leave from 21 Jan 47 to 21 Jan - 17 Jan, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

*money & quarters
provided via mail
11/2/47*

SECRET No. 29
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE MAX IIPKANN Position _____

Annual Rate Amt. Payable
Salary _____ \$ 328.74 per 28 da 328.74
aid in _____ 328.74
Type Currency _____ Rate of Exchange _____ (Amount)
NOTE: (If amount of salary is other than as authorized by Foreign Duty or
Sheet or other official document, explain here).

Annual Rate Amt. Payable
Quarters allowance _____
Cost of living allowance _____
Special Foreign Living allowance _____ none _____ none
aid in _____ none
Type Currency _____ Rate of Exchange _____ (Amount)
TOTAL 328.74

I CERTIFY that I have received the above amounts for the purpose and period
stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area.
() I am in travel status from _____ to _____ incl.

* I have taken 110 hours of _____ leave from _____
to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number
appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during
period, write "None" in blanks.
** Not required if payment is in accordance with Washington authorization.
*** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF DOMESTIC PAY ROLL
 AND/OR **ALLOWANCE OF LIVING ALLOWANCE** 8 Feb 47

Period of this Voucher: From WILLIAM B. LUM to CLARK
 NAME OR NUMBER OF PAYEE _____ Position _____

193.26 193.26

Pay in _____
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

arters allowance	Annual Rate	Am. Payable	
Cost of living allowance	<u>1092-70%</u>	<u>25.20</u>	
Special Foreign Living allowance			<u>25.20</u>
Paid in			<u>218.46</u>
Type Currency	Rate of Exchange	(Amount)	TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ inc.

- * I have taken 445 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 10 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 31
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE DEBORO THEA M. MARTINEAU Position CLERK STENO

Annual Rate Amt. Payable
3021 50.00
 Type Currency Rate of Exchange (Amount)
50.00
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance 1092-70% 25.20
 Paid in 25.20
 Type Currency Rate of Exchange (Amount)
 TOTAL 75.20

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 8 hours of sick leave from 17 Jan 47 to 18 Jan 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____.

Signature or Self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 32
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE CLARK M. MCCORMY Position OPR OFFICER

Annual Rate Amt. Payable
\$ 4149.60 — 70.00
Type Currency Rate of Exchange 70.00
(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Arrived Heidelberg 27 Jan 47

	Annual Rate	Amt. Payable
Quarters allowance	\$	
Cost of living allowance	\$	
Special Foreign Living allowance	\$ <u>1274.70</u>	\$ <u>13.65</u>
Paid in		
Type Currency Rate of Exchange		<u>13.65</u> (Amount)
		TOTAL <u>83.65</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 111 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 33
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____
12 Jan 47 8 Feb 47

NICHOLAS J. JAMES, JR. Amt. Payable

Pay _____
aid in _____
Type Currency Rate of Exchange (Amount)
CASH (If amount of salary is other than authorized by Foreign Duty Rate Sheet or other official document, explain here). none none

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Special Foreign Living allowance		
aid in _____		
Type Currency Rate of Exchange	1092-70%	25.20
		(Amount) TOTAL 25.20

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.
I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken 110 hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____
Signature or self-applied No. of Payee _____
Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 34
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JEAN M. WATER Position _____

Annual Rate Amt. Payable
 Salary _____ \$ 4149.60 50100
 Paid in _____ 50.00
 Type Currency Rate of Exchange (Amount)
 Remarks: (If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

Arrived Heidelberg 12 Jan 47

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1274.70% 29.40
 Paid in _____ 29.40
 Type Currency Rate of Exchange (Amount)
 TOTAL 79.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Date _____ 19 ____

Signature or self-addressed No. of Payee _____

Approved for payment _____

Signature _____

Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

LEAF

SECRET No. 36
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GEORGE A. SCHRIEVER Position ADMIN OFFICER

	Annual Rate	Amt. Payable	
Pay	\$4902	150.00	
of 1.			150.00
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Amt. Payable	
Quarters allowance	\$	\$	
Cost of living allowance	\$	\$	
Special Foreign Living allowance	\$ 1274-70%	\$ 29.40	
aid in			29.40
Type Currency	Rate of Exchange		(Amount)
			TOTAL 179.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

• I have taken 40 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

at _____ 19 ____.

Signature of self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 • Not required if payment is in accordance with Washington authorization.
 • Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 37
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE SARAH E. SMYTHE Position ANALYST

		Annual Rate	Amt. Payable
Pay		\$ <u>2644.80</u>	<u>100.00</u>
in			<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)	
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

		Annual Rate	Amt. Payable
Quarters allowance		\$ _____	_____
Cost of living allowance		\$ _____	_____
Special Foreign Living allowance		\$ <u>1092.70%</u>	<u>25.20</u>
aid in			<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)	
		TOTAL <u>125.20</u>	

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area
() I was in travel status from _____ to _____ incl.

- * I have taken 14 hours of _____ leave from _____
to _____, during this period.
* Quarters and/or meals were furnished me as follows: _____

_____, 19____
Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 38
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JACK A. SORGENFEL Position _____

	Annual Rate	Amt. Payable
Pay	\$ <u>2644.80</u>	<u>75.00</u>
in		<u>75.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>25.20</u>
aid in		<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)
TOTAL <u>100.20</u>		

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be re-imbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature of self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 39
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE EMERSON T. SQUIRE Position EDITOR ANALYST

Salary		Annual Rate	Am't. Payable
Paid in		<u>\$ 4149.60</u>	<u>303.24</u>
Type Currency	Rate of Exchange	<u>303.24</u>	
(If amount of salary is other than as authorized by Foreign Data Data Sheet or other official document, explain here).			
Quarters allowance		Annual Rate	Am't. Payable
Cost of living allowance		<u>1878-70%</u>	<u>29.40</u>
Special Foreign Living allowance			
Paid in			<u>29.40</u>
Type Currency	Rate of Exchange	<u>(Amount)</u>	
		TOTAL <u>332.64</u>	

I CERTIFY that I have received the above amounts for the purpose specified stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statement applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken NO hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Site _____ to _____

Signature of self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 40
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GORDON M. STEWART Position CHIEF, INTELL.

	Annual Rate	Amt. Payable
1. <u>Salary</u>	\$ <u>7102.20</u>	<u>200.00</u>
	Type Currency	Rate of Exchange
		<u>200.00</u> (Amount)

2. (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
3. <u>Quarters allowance</u>	\$ <u> </u>	\$ <u> </u>
4. <u>Cost of living allowance</u>	\$ <u> </u>	\$ <u> </u>
5. <u>Special Foreign Living allowance</u>	\$ <u>1820.75</u>	\$ <u>42.00</u>
6. <u>Aid in</u>		<u>42.00</u> (Amount)
	Type Currency	Rate of Exchange
		TOTAL <u>242.00</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 (X) I am married with dependents in area
 () I was in travel status from to incl.

• I have taken 44.4 hours of leave from to , during this period.

• Quarters and/or meals were furnished me as follows:

Date 19 . Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 41
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE CHARLES E. STUBING Position _____

	Annual Rate	Amt. Payable
Pay	\$ <u>5908.20</u>	<u>none</u>
in	Type Currency	Rate of Exchange (Amount)
	(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).	

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1456</u>	\$ <u>112.00</u>
Paid in	Type Currency	Rate of Exchange (Amount)
		<u>112.00</u>
		TOTAL <u>112.00</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area.
- ☐ I was in travel status from _____ to _____ incl.

• I have taken 14 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

_____ 19 ____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 42
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ALFRED R. SWITGALL Position _____

	Annual Rate	Amt. Payable
Salary	\$ <u>4902</u>	<u>200.00</u>
Paid in _____		<u>200.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1274.70%</u>	\$ <u>29.40</u>
Paid in _____		<u>29.40</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>229.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken 146 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. 43

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL

AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payroll KURT L. TAUB Position SR INTELL OFFICER

Annual Rate Amt. Payable
 Pay \$ 4902.20 none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance Prague Annual Rate Amt. Payable
 Special Foreign Living allowance \$ 1642 \$ 126.30
 Paid in 126.30
 Type Currency Rate of Exchange (Amount)
 TOTAL 126.30

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 240 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

Approved for payment Signature

I certify that the above disbursement has been made in accordance with the following: _____
 is typed and signed by the payee and forwarded to the proper authority for approval and return to the payee as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the above number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 44
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OF PAYEE ROBERT W. TUCKER Position REPORTS OFFICER

	Annual Rate	Amt. Payable	
Pay	\$ <u>5905.20</u>	<u>50.00</u>	
Rate	Type Currency	Rate of Exchange	<u>50.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Arrived Heidelberg 27 Jan 47

	Annual Rate	Amt. Payable	
Quarters allowance	\$	\$	
Cost of living allowance	\$	\$	
Special Foreign Living allowance	\$ <u>1456.20</u>	\$ <u>15.60</u>	
Paid in	Type Currency	Rate of Exchange	<u>15.60</u> (Amount)
			TOTAL <u>65.60</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 45
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE VICTOR WALLEN Position CPR OFFICER

		Annual Rate	Ant. Payable
Pay		\$ <u>4149.60</u>	<u>100.00</u>
is in			<u>100.00</u>
	Type Currency Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			
		Annual Rate	Ant. Payable
Quarters allowance		\$ _____	_____
Cost of living allowance		\$ _____	_____
Special Foreign Living allowance		\$ <u>1592.72</u>	<u>36.74</u>
aid in			<u>36.74</u>
	Type Currency Rate of Exchange		(Amount)
			<u>TOTAL 136.74</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

• I have taken 414 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

_____, 19____.

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- Not required if payment is in accordance with Washington authorization.
 • Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES 46

Period of this Voucher: From _____ to _____

DATE ON WHICH OF DATE _____ Position 8 Feb 47

HENRY MUNSCH Annual Rate Amt. Payable

Type Currency Rate of Exchange 149.60 100.00 (Amount)
 (If amount of salary is other than as authorized by Foreign Data Sheet or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____

Type Currency Rate of Exchange 1274-70% 29.40 (Amount)
122.40

I CERTIFY that I have received the above amounts for the purpose and will not be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 426 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 47
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NAME OF PAYEE VIRGINIA BLATT Position ADMIN ASST

Annual Rate Amt. Payable
\$ 4149.60 NONE
 Type Currency Rate of Exchange NONE
 (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Left for leave in U. S. 4 Dec 46

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	<u>\$</u>	<u>\$</u>
Special Foreign Living allowance	<u>\$ 1274-73%</u>	<u>none</u>
Aid in	Type Currency	Rate of Exchange
		<u>none</u>
		(Amount)
		<u>TOTAL</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be re-imbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____
 ON NUMBER OF PAYEE _____ 12 Jan 47 _____ Position _____ 8 Feb 47

ARMOUR A. B. _____
 Annual Rate Amt. Payable

CLERK-TYPIST

Type Currency Rate of Exchange 2644.80 75.00 (Amount)
 If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here:

Quarters allowance _____ Annual Rate Amt. Payable
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Total in _____

Type Currency Rate of Exchange 9092-70% 25.20 (Amount)
 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I further CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____
 _____ is _____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 49
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR DESIGN OF PAYEE MARION F. CANNELL Position CLERK

Annual Rate Amt. Payable

Pay \$ 2644.80 60.00
 in 60.00

Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Cost of living allowance \$ 1092.70 25.20

Special Foreign Living allowance \$ 1092.70 25.20

aid in 25.20

Type Currency Rate of Exchange (Amount)

TOTAL 25.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 11 1/2 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment _____

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 50
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE VIRGINIA L. CAREY Position ADMIN ASST

Annual Rate		Amt. Payable	
----- \$ 3397.20		75.00	
Type Currency	Rate of Exchange	75.00	
		(Amount)	
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Annual Rate		Amt. Payable	
----- \$ 1092.70		25.20	
Type Currency	Rate of Exchange	25.20	
		(Amount)	
TOTAL 100.20			

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 44 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____, 19____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 51
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MARION F. BECK Position CLERK

Annual Rate Amt. Payable

Salary \$ 3021 75.00
in 75.00

Type Currency Rate of Exchange

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Cost of living allowance

Special Foreign Living allowance \$ 1092.20 25.20

aid in 25.20

Type Currency Rate of Exchange

(Amount)

TOTAL 1092.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area.
() I was in travel status from _____ to _____ incl.

* I have taken 40 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

52
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Mar 47
ON BEHALF OF PAYEE DOROTHY A. KUNZIG Position CLERK

Annual Rate	Amt. Payable
<u>\$ 2644.80</u>	<u>75.00</u>
	<u>75.00</u>

Type Currency Rate of Exchange (Amount)
If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate	Amt. Payable
<u>\$ 1092.70%</u>	<u>\$ 25.20</u>
	<u>25.20</u>
TOTAL 100.20	

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area.
- ☐ I was in travel status from _____ to _____ incl.

* I have taken 72 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 10 _____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.
* Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 33
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 19 Jan 47 to 8 Jan 47
NAME OR NUMBER OF PAYEE FRANK H. MANGENC Position CHIEF, FINANCE

Annual Rate Amt. Payable

_____ \$ 5905.20 92.10% 92 (39) unit
Type Currency Rate of Exchange
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ _____	\$ _____
Aid in _____	<u>1456-70%</u>	<u>33.60</u>
Type Currency	Rate of Exchange	
		<u>(143.60)</u>
		TOTAL
		<u>125.60</u>

I CERTIFY that I have received the above amounts for the purpose and used as intended and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 146 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee _____

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCE

Period of this Voucher: From _____ to _____
NAME OR NUMBER OF PAYEE _____ 12 Jan 47 _____ 8 Feb 47
Position _____ ADMIN ASST
Annual Rate Amt. Payable _____

Type Currency Rate of Exchange 3522.60 50.00 (60,000)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable _____
Cost of living allowance _____
Special Foreign Living allowance _____
Paid in _____
Type Currency Rate of Exchange 1092-70% 25.20 (Amount) 75.20
Total 75.20

I CERTIFY that I have received the above amounts for the purpose and used
and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____
to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number
appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during
period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 55
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OF MEMBER OF PAYEE CROSBY LEWIS Position CHIEF OF MISSION

Annual Rate Amt. Payable
8179.50 597.72
 in 597.72
 Type Currency Rate of Exchange 597.72
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 of living allowance 42.00
 Total Foreign Living allowance 42.00
 paid in 42.00
 Type Currency Rate of Exchange 42.00
 (Amount)
 TOTAL 639.72

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I HEREBY CERTIFY that (indicate by "X" statements applicable)
 () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.
 * I have taken 84 hours of Annual leave from 12 Jan 47 to 8 Feb 47 during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by person with full pay roll name.

SECRET

SECRET - No. 70
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OF PAYEE KATHERINE L. GALLAGHER Position ADMIN ASST

Annual Rate Amt. Payable

\$3397.20 100.00

Type Currency Rate of Exchange 100.00
(Amount)

If amount of salary is other than as authorized by Foreign Duty Detachment or other official document, explain here.

Quarters allowance Annual Rate Amt. Payable

Cost of living allowance

Special Foreign Living allowance 1092.20 25.20

Id in

Type Currency Rate of Exchange 25.20
(Amount)
TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken NO hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Date 10

Signature or self-applied No. of Payee

Approved for payment

Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

No. 57

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

ON BEHALF OF PAYEE MARY JANE HAWLEY Position STENO

	Annual Rate	Amt. Payable	
	2644.80	100.00	

Type Currency	Rate of Exchange	100.00
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Allowance of living allowances for Foreign Living allowance in	Annual Rate	Amt. Payable	
	1092-70%	25.20	

Type Currency	Rate of Exchange	25.20
		(Amount)

TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I HEREBY CERTIFY that (indicate by "X" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area
- ☐ I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

Approved for payment _____

Signature	Title
-----------	-------

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. ~~100-100000~~
VOUCHER FOR PAYMENT OF INDIVIDUAL TAX BILL
NO/OR 100-100000 12 Jan 49 OF LIVES: 8 Feb 47

Period of this Voucher: HELEN E. MORGAN to CLERK STENO
HELEN E. MORGAN Position CLERK STENO

Annual Rate	Amt. Payable
10%	100.00
15%	150.00
20%	200.00
25%	250.00
30%	300.00
35%	350.00
40%	400.00
45%	450.00
50%	500.00
55%	550.00
60%	600.00
65%	650.00
70%	700.00
75%	750.00
80%	800.00
85%	850.00
90%	900.00
95%	950.00
100%	1000.00

Type Currency Rate of Exchange (Amount)
 (TDY Stocks, Bonds, etc. as authorized by Foreign Duty Data Sheet or other official document, explain in Remarks).

	Annual Rate	Am't. Payable
Cost of living allowance	\$	\$
Cost of living allowance	\$	\$
Cost of Foreign Living allowance	\$	\$
Cost in _____		
Type Currency	Rate of Exchange	(Amount) TOTAL

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area
() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____
to _____, during this period.

Quarters and/or meals were furnished as follows:

Date _____ 19____.

Signature or self-applied No. of Payee _____

Approved for payment _____

Signature _____ Title _____

4. I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if easter eggs and/or marks were not furnished during period, write "None" in blanks.

* Not required if voucher is signed by person with full pay roll name.

RECEIVED

SECRET No. 59
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payee WILLIAM D. BALAZS Position LIAISON OFFICER

Annual Rate		Ant. Payable
<u>\$ 5905.20</u>		<u>125.00</u>
Type Currency	Rate of Exchange	(Amount)
<u>125</u>		<u>125.00</u>

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Ant. Payable
Cost of living allowance		
1-1 Foreign Living allowance	<u>1455-70%</u>	<u>33.60</u>
12 in		<u>33.60</u>
Type Currency	Rate of Exchange	(Amount)
		<u>TOTAL 152.60</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- * I have taken 440 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

 Signature of self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 60
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ANNE CURTIS Position CLERK

Annual Rate Amt. Payable
\$ 2644.80 50.00 50.00
 in _____
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance _____
 Special Foreign Living allowance \$ 1092-70% 25.20
 Paid in _____ 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 75.20

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- I have taken 4.0 hours of _____ leave from _____
 to _____ during this period.
 • Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 61
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE WAGGONER, L. GEORGE Position CLERK

Annual Rate		Amt. Payable	
Pay	<u>\$ 2644.80</u>	<u>50.00</u>	
aid in			<u>50.00</u>
Type Currency	Rate of Exchange	(Amount)	

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate		Amt. Payable	
Quarters allowance	<u>\$</u>	<u>\$</u>	
Cost of living allowance	<u>\$</u>	<u>\$</u>	
Cost of Foreign Living allowance	<u>\$ 1092-70%</u>	<u>\$ 25.20</u>	
aid in			<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)	
			TOTAL <u>75.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 3 1/2 hours of in leave from 4 Feb 47 to 5 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____
 Date OR NUMBER OF DATE _____ 12 Jan 47 _____ 8 Feb 47
 Position _____ CIPRA
 Annual Rate Amt. Payable _____

Type Currency _____ Rate of Exchange 644.80 50.00 50.00
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Cost of living allowance	_____	_____
Cost of Foreign Living allowance	_____	_____
Cost in	_____	_____
Type Currency	Rate of Exchange 1092.70%	25.20

(25.20)
TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "x" statements applicable)
☐ I am single without dependents in area.
☐ I am single with dependents in area.
☐ I am married without dependents in area.
☐ I am married with dependents in area
☐ I was in travel status from _____ to _____ incl.
 * I have taken 40 hours of leave from 10 Jan 47 to 25 Jan 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000

SECRET No. 63
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE EVERETT F. JAMES Position ENGINEER RADIO OPR

		Annual Rate	Ent. Payable
Paid in	<u>\$ 3621</u>	<u>100.00</u>	<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)	
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Arrived Heidelberg 27 Jan 47

		Annual Rate	Ent. Payable
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	<u>*1092-70%</u>	<u>* 11.70</u>	
Paid in			<u>111.70</u>
Type Currency	Rate of Exchange	(Amount)	
		TOTAL <u>111.70</u>	

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Rate 10

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 64
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE LEO J. JUNGREN Position RADIO MAINT.

Annual Rate Ant. Payable
2644.80 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	<u>1052.70%</u>	<u>17.10</u>
id in		<u>17.10</u>
Type Currency Rate of Exchange		(Amount)
		TOTAL <u>17.10</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable):

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 20 Jan 47 to 28 Jan 47 incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000

SECRET No. 65
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JOSEPH KAPLAN Position RADIO OPER TECH

Annual Rate Amt. Payable

Pay 3397.20 none none
in _____
Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
11 Foreign Living allowance	<u>1000.704</u>	<u>25.20</u>
8 in _____		<u>25.20</u>
Type Currency Rate of Exchange		(Amount)
		TOTAL <u>25.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- ☐ I am single without dependents in area.
- ☐ I am single with dependents in area.
- ☐ I am married without dependents in area.
- ☐ I am married with dependents in area.
- ☐ I was in travel status from _____ to _____ incl.

* I have taken 410 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

10 _____

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 66
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JOSEPH E. MCNEAN Position TECHNICIAN

Annual Rate Amt. Payable

----- \$ 3397.20 50.00

Type Currency Rate of Exchange

50.00

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable

Cost of living allowance

Special Foreign Living allowance

aid in

\$ 1092.70 \$ 25.30

Type Currency Rate of Exchange

15.30

(Amount)

TOTAL 65.30

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 14 Jan 47 to 24 Jan 47 incl.

* I have taken 444 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

10

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000

SECRET No. 67
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ELINOR L. ANDERSON Position CINER

Annual Rate Amt. Payable

Salary ----- \$ 3021 ----- 50.00 ----- 50.00
Paid in -----
Type Currency Rate of Exchange (Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ -----	-----
Cost of living allowance	\$ -----	-----
Special Foreign Living allowance	\$ <u>1092-70%</u>	<u>25.20</u>
Paid in -----		<u>25.20</u>
Type Currency Rate of Exchange		(Amount)
		TOTAL <u>75.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from ----- to ----- incl.

• I have taken 28 hours of inck leave from 21 Jan 47 to 24 Jan 47, during this period.

• Quarters and/or meals were furnished me as follows: -----

Date ----- to -----

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____
 DATE ON WHICH OF TYPE _____ Position _____

RUDOLPH W. ROSS RADIO OPER. TECH.
 Annual Rate Amt. Payable

Salary _____
 Paid in _____
 Type Currency Rate of Exchange 1007.20 50.00 (Amount)
 (If amount of salary is other than as authorized by Foreign Pay Docket or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____
 Type Currency Rate of Exchange 1002-70% 2 17.10 (Amount)
 177.10

I CERTIFY that I have received the above amounts for the purpose and amount stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken 440 hours of 20 Jan 47 leave from 28 Jan 47 to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date _____ is _____
 Signature or self-applied No. of Payee
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ELISE D. PRICKETT Position CHIEF

Annual Rate Amt. Payable

Salary aid in \$3621 100.00
 Type Currency Rate of Exchange 100.00
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance aid in 1204 37.04
 Cost of living allowance aid in 1204 37.04
 Special Foreign Living allowance aid in 1204 37.04
 Type Currency Rate of Exchange 37.04
 (Amount)
TOTAL 137.04

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable):

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature _____

I CERTIFY that the above payment has been made to the payee as appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE BERENA A. SIMONS Position CLERK

Annual Rate Amt. Payable

Pay in 2644.80 none (Amount)

Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY TO AUSTRIA TO BE PAID BY THAT OFFICE

	Annual Rate	Amt. Payable
Quarters allowance	\$	
Cost of living allowance	\$	
Special Foreign Living allowance	\$	
Paid in		
Type Currency Rate of Exchange		(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area.

() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 10 _____

Signature or self-applied No. of Payee _____

* Approved for payment _____

Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 71
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE BERNARDA C. SMITH Position CLERK

	Annual Rate	Amt. Payable
Salary	\$ <u>2644.80</u>	<u>75.00</u>
Paid in		<u>75.00</u>
	Type Currency	Rate of Exchange
		(Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ <u>1092.70</u>	<u>25.20</u>
Cost of living allowance		
Special Foreign Living allowance		
Paid in		<u>25.20</u>
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL <u>100.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.C. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 72
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME ON ROLL OF PAYEE CHESTER G. WOHLERT Position RADIO COR TECH

Salary	Annual Rate	Amt. Payable
Paid in	<u>3021</u>	<u>75.00</u>
		<u>75.00</u>

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	<u>1092-70%</u>	<u>25.20</u>
Special Foreign Living allowance		<u>25.20</u>
Paid in		<u>25.20</u>
Type Currency <u> </u> Rate of Exchange <u> </u>		(Amount) <u>100.20</u>
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "x" statements applicable)
 () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from to incl.

* I have taken 44 hours of leave from to , during this period.
 * Quarters and/or meals were furnished as follows:

Date 19
 Signature or self-applied No. of Payee
 Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 73
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 21 Dec 46 to 8 Feb 47
 NAME OR NAME OF PAYEE ANDREW M. WOOD Position MSG CTR CHIEF

	Annual Rate	Amnt. Payable
Salary	\$ <u>3397.20</u>	<u>175.00</u>
and in		<u>175.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		
Quarters allowance	Annual Rate	Amnt. Payable
Cost of living allowance		
Special Foreign Living allowance	\$ <u>1092-708</u>	<u>45.00</u>
and in		<u>45.00</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>220.00</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken 28 hours of sick leave from 20 Jan 47 to 23 Jan 47, during this period.

* Quarters and/or meals were furnished as follows: _____

to _____ 10 _____

Signature or self-assigned No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. 74

TEACHER PAY VOUCHER FOR INDIVIDUAL PAY PERIOD 1 FEB 47
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES
 EVELYN D. ANDREWS CLERK

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____

2644.80

203.44

Annual Rate Amt. Payable 203.44

Pay _____ \$ _____
 and an _____
 Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

Quarters allowance	1062.70%	2520	
Cost of living allowance			2520
Special Foreign Living allowance			228.64
Paid in	Type Currency	Rate of Exchange	(Amount)
			TOTAL

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

cc _____ to _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature

I CERTIFY that the above payment has been made to the individual whose name appears above.

I certify that the above information has been made on behalf of the individual whose name is typed above and that the same has been forwarded to the individual whose name appears above. It shall be forwarded to Washington for this amount as soon as practicable.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 NL/OR NUMBER 22-1-1047 OF LIVED ALLOWANCES 8 Feb 47

Period of this Voucher: From JOHN E. ARRINGTON to CLERK TYPIST

ALL OR NUMBER OF DAYS _____ Position _____

Basic Rate Amt Payable 75.00

Pay _____
 in _____
 Type Currency Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Station
 Decree or other official document, explain here).

Quarters Allowance	Annual Rate Amt. Payable	
Cost of living allowance	<u>1092-708</u> <u>25.20</u>	<u>25.20</u>
Special Foreign Living Allowance		
Paid in		<u>100.20</u>
Type Currency Rate of Exchange		(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 76
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Payee PAUL R. BROWN Position EDITORIAL ANALYST

	Annual Rate	Ant. Payable	
Pay	\$ <u>4149.60</u>	<u>319.20</u>	<u>319.20</u>
aid in	Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).			
Quarters allowance	Annual Rate	Ant. Payable	
Cost of living allowance			
Special Foreign Living allowance	\$ <u>1592</u>	\$ <u>122.46</u>	<u>122.46</u>
aid in	Type Currency	Rate of Exchange	(Amount)
			TOTAL <u>441.66</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable):

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payee WILLIAM A. COATES Position _____

Annual Rate Amt. Payable
 \$ 4149.60 120.00
 Type Currency Rate of Exchange 120.00 (amt)
 (If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

 Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in 1294-70% 29.40
 Type Currency Rate of Exchange 29.40 (amt)
TOTAL 4149.60

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.
 • I have taken _____ hours of _____ leave from _____ to _____ during this period.
 • Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 78
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR MEMBER OF PAYEE _____ Position _____
 12 Jan 47 8 Feb 47

WILLIE MAY CROOK _____ Amt. Payable _____

Salary _____
 Paid in _____
 Type Currency _____ Rate of Exchange _____
 If amount of salary is other than as authorized by _____
 Sheet or other official document, explain here: _____

	Annual Rate	Amt. Payable
Quarters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
Paid in _____	_____	_____
Type Currency _____ Rate of Exchange _____	1092-70%	25.20
(Amount)		25.20
TOTAL		25.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ (incl.)

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

X to _____ 19 ____.

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCE 99

Period of this Voucher: From _____ to _____

DATE OF RECEIPT OF PAY: _____ 12 Jan 47 _____ Position: 8 Feb 47

NAME OF DUTY: _____

UNIT: _____ BERLIN UNIT

Annual Rate Amt. Payable

Salary

and in

Type Currency Rate of Exchange 102.20 546.32 (Amount)
 (If amount of salary is other than as authorized by Foreign 546.32
 Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters Allowance

Cost of living allowance

Special Foreign Living allowance

Paid in

Type Currency Rate of Exchange 820 140.00 (Amount)
 140.00

I CERTIFY that I have received the above amount for the purpose and use stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 80
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NAME OF PAYEE WALLACE M. ERWIN Position INTFILL OFFICER

Annual Rate Amt. Payable
 Salary \$ 4149.60 100.00 100.00
 Paid in _____
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance \$ 1274.70% 29.40
 Paid in _____
 Type Currency Rate of Exchange (Amount)
 TOTAL 129.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 10 _____ Signature or self-assigned No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 81
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ERMA R. HEIKEMAN Position CLERK STENO

	Annual Rate	Amt. Payable	
<u>Pay</u>	<u>\$ 2770.20</u>	<u>100.00</u>	
<u>in</u>			<u>100.00</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).			

	Annual Rate	Amt. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	<u>\$ 1052-70%</u>	<u>25.20</u>	
aid in			<u>25.20</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY
 AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to 82

NAME OF MEMBER OF PAYEE _____ Position _____

12 Jan 47 8 Feb 47

HEINRICH REISSER Annual Rate Amt. Payable

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty or
 Travel or other official document, specify in detail). 152.00

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____
 Type Currency Rate of Exchange (Amount)
1520-764 42.00 42.00
 TOTAL _____

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source 152.00

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. Making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by source with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

83

Period of this Voucher: From _____ to _____

NAME OR NAME OF PAYEE _____ 12 Jan 47 _____ Position 8 Feb 47

GRANT IN CASH

Annual Rate Amt. Payable

Type Currency Rate of Exchange 2644.80 75.00 (Amount)
 (If amount of salary is other than as authorized by Payroll Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance

aid in _____
 Type Currency Rate of Exchange 1992-70% 25.20 (Amount)
 25.20

I CERTIFY that I have received the above amount for the purpose and under the conditions stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or Self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF FOREIGN PAY RISE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Party: MICHAEL L. KAPLAN Position: JA INTELL OFFICER

Annual Rate: _____ Amt. Payable: _____

Salary _____
 paid in _____
 Type Currency _____ Rate of Exchange _____
 (If amount of salary is other than as authorized by Foreign Data Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
Paid in _____	_____	_____
Type Currency _____ Rate of Exchange _____		_____
		TOTAL <u>29.40</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statement applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ inc.:

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Date _____ Signature or self-applied No. of Payee _____

* Approved for payment _____ Signature _____ Title _____

* I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by exec with full pay roll name.

SECRET

SECRET No. 25
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OF MEMBER OF PAYEE JOHN W. MCNISTON Position RESEARCH ANALYST

Annual Rate Amt. Payable
\$ 3397.20 75.00
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance \$ 1092.70% 25.20
 Paid in Type Currency Rate of Exchange 25.20
 (Amount)
TOTAL 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____, 19____.

Signature or Self-applied No. of Payee

Approved for payment

Signature

I certify that the above statement has been made of the above statement and is typed and signed by the member of the payee and is forwarded along with the original document and the original document is forwarded to the member of the payee as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the above statement and the original document is forwarded to the member of the payee as soon as practicable.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCE

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ 12 Jan 47 _____ Position Feb 47

_____ LEWIS VITKOFF

CLERK

Annual Rate Amt. Payable

Pay in _____
 Type Currency Rate of Exchange 2770.20 50.00 (Amount)
 (If amount of salary is other than as authorized by _____
 Secret or other official document, explain in here).

	Annual Rate	Amt. Payable
arters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
Paid in _____		
Type Currency Rate of Exchange <u>992-70%</u>	<u>25.20</u>	(Amount) <u>25.20</u>

I CERTIFY that I have received the above amounts for the purpose and _____
 stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____
 to _____, during this period.
- * Quarters and/or meals were furnished as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number
 appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during
 period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 87
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE EVELYN K. OFFERS Position CLERK

Annual Rate Amt. Payable

by 2770.20 75.00
in 75.00

Type Currency Rate of Exchange

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance 1092-70% 25.20
Cost of living allowance
Special Foreign Living allowance

Paid in 25.20
Type Currency Rate of Exchange (Amount)

TOTAL 100.20

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area

() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ to _____

Signature or self-applied No. of Payee

Approved for payment _____

Signature

Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

** Not required if payment is in accordance with Washington authorization.

*** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 88
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE THOMAS POLGAR Position JR INTELL OFFICER

	Annual Rate	Amt. Payable
Salary	\$ <u>4140.60</u>	<u>319.20</u>
Paid in		<u>319.20</u>
	Type Currency	Rate of Exchange
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	\$ <u>1274.70</u>	<u>29.40</u>
Paid in		<u>29.40</u>
	Type Currency	Rate of Exchange
(Amount)		
		TOTAL <u>348.60</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Rate _____ to _____.

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No.

89

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name or Number of Payee MICHAEL RAJACICH Position INTELL OFFICER

Annual Rate Amt. Payable
 Salary 4149.60 50.00 50.00
 Paid in _____
 Type Currency _____ Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1274-70% 29.50
 Paid in _____ 29.40
 Type Currency _____ Rate of Exchange _____ (Amount)
 TOTAL 79.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____
 to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 10 _____ Signature or self-assigned No. of Payee _____

* Approved for payment _____
 Signature _____ Title _____
 * I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 90
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payroll A DREW J. BITTER Position EDITORIAL ANALYST

Annual Rate Amt. Payable
 Payroll 3397.20 153.24
 Type Currency Rate of Exchange 153.24
 (If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance
 Paid in 1092-70% 25.20
 Type Currency Rate of Exchange 25.20
TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment

Signature

Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

14-00000

SECRET No. 91
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE T. DAVID RUSSELL Position INTELL OFFICER

Annual Rate Amt. Payable
Salary \$ 4902 92.30 92.30
aid in _____
Type Currency Rate of Exchange (Amount)
NOTE: (If amount of salary is other than as authorized by Foreign Duty & to
Sheet or other official document, explain here).

Annual Rate Amt. Payable
Quarters allowance _____
Cost of living allowance _____
Special Foreign Living allowance \$ 1274-70% 29.40 29.40
aid in _____
Type Currency Rate of Exchange (Amount)
TOTAL 121.70

I CERTIFY that I have received the above amount for the purpose and period
stated and that I have not been nor will I be reimbursed from any other source.
I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
(X) I am married with dependents in area
() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____
to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

to _____ 10 _____
Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number
appears above.

Signature of F.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during
period, write "None in blanks."
* Not required if payment is in accordance with Washington authorization.
* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 92
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ON BEHALF OF PAYEE PETER M. F. SICHEL Position INTELL OFFICER

Annual Rate		Ant. Payable
Salary	\$ 5905.20	69.23
Paid in		69.23
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).		
Annual Rate		Ant. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	\$ 1456.70%	33.60
Paid in		33.60
Type Currency	Rate of Exchange	(Amount)
		TOTAL 102.83

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 93
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ON BEHALF OF PAYEE FREDERICK J. STALDER Position INTELL OFFICER

	Annual Rate	Ant. Payable	
Salary	\$ 5278.20	100.00	
aid in			100.00
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty & to Secret or other official document, explain here).			
Quarters allowance	Annual Rate	Ant. Payable	
Cost of living allowance			
Special Foreign Living allowance	1274.70%	29.40	
aid in			29.40
Type Currency	Rate of Exchange		(Amount)
			TOTAL 129.40

I CERTIFY that I have received the above amounts for the purpose specified stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

to _____ to _____

Signature or self-addressed No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 94
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE MAY STANLEY Position _____

Annual Rate Amt. Payable
4902 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Total Foreign Living allowance 1592 132.67
 Paid in _____ 132.67
 Type Currency Rate of Exchange (Amount)
TOTAL 132.67

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
 • Quarters and/or meals were furnished me as follows: _____

Rate 19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

- Not required if payment is in accordance with Washington authorization.
 • Not required if voucher is signed by payee with full pay roll name.

SECRET

RECEIPT No. ~~XXXXXXXXXXXX~~ 95
VOUCHER FOR PAYMENT OF ~~INDIVIDUAL~~ TAX
AND/OR ~~INTEREST AND COST OF LATER~~

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

221 CH MURKIN CP D.F. DOROTHY STEVENS Position CLERK STENO

Pay \$ 3221 50.00
 In
 50.00

Type	Currency	Rate of Exchange	Amount
(If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).			50.00

First allowance	Actual Rate	Am. Payable
Cost of living allowance		
Special Foreign Living allowance	1992-70%	25.20
aid in		
Type Currency	Rate of Exchange	25.20
		(Amount)
		TOTAL
		75.20

I CERTIFY that I have received the above amount for the purpose and used
 stated and that I have not been nor will I be reimbursed from any other source.
 I solemnly CERTIFY that (Signature)

I further certify that (indicate by "X" statements applicable)
(X) None of the above without exception

- () I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area
() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____
to _____, during this period.

* Quarters and/or meals were furnished as follows:

10

Signature or self-addressed No. of Pages

Approved for descent

Signature _____

Title

I CERTIFY that the above warrant has been made to the individual whose number appears above.

Signature of P.O. making report:

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.
* Not required if voucher is signed by owner with full pay roll name.

1001 1002 1003 1004 1005

SECRET No. 96
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE HENRY C. SUTTON Position SR INTELL OFFICER

	Annual Rate	Ent. Payable	
	<u>\$ 525.20</u>	<u>109.24</u>	
In			<u>109.24</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).			

	Annual Rate	Ent. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	<u>\$ 44.70</u>	<u>33.60</u>	
aid in			<u>33.60</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>142.84</u>

I CERTIFY that I have received the above amount for the purpose and used it as intended and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

_____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 57
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LOTTE HELFENDER Position RESEARCH ANALYST

	Annual Rate	Ant. Payable
in <u>2544.80</u>	<u>203.44</u>	<u>203.44</u>
Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance	<u>1062.20</u>	<u>25.20</u>
Cost of living allowance		
Special Foreign Living allowance		
aid in		<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL 228.64

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES **98**

Period of this Voucher: From _____ to _____

DATE OF NUMBER OF DAYS _____ Position _____
 12 Jan 47 6 Feb 47

ROTH M. WOODS Annual Rate Amt. Payable **CLERK**

by _____
 in _____
 Type Currency Rate of Exchange _____ (Amount)
 244.80 50.00
 (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here). 50.00

	Annual Rate	Amt. Payable	
Quarters allowance	_____	_____	
Cost of living allowance	_____	_____	
Special Foreign Living allowance	_____	_____	
Paid in _____			
Type Currency Rate of Exchange	1092-70%	25.20	(Amount)
			TOTAL
			25.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. **72.20**

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 40 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 10 _____
 Signature or self-called No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. **99**
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE JAN FELDY LIBICH Position FIELD REP

Annual Rate - Amt. Payable

Pay 7341.60 none none
 in 10 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty & to Sheet or other official document, explain here).

TDY 60 days. TO BE PAID SUBSEQUENT PAYROLL.

Annual Rate - Amt. Payable

Cost of living allowance 1456-70% none none
 Total Foreign Living allowance 1456-70% none none
 in 10 Type Currency Rate of Exchange (Amount)
TOTAL

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- (x) I was in travel status from 12/1-23/1/47 to 4/2-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 100
 VOUCHER FOR PAYMENT OF POSTHUMOUS PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

ON BEHALF OF PAYEE CATHERINE E. BIGSBEE Position ADMIN ASST

Annual Rate Amt. Payable

Salary 3522.60 none
 is in none

Type Currency Rate of Exchange (Amount)

none (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain in here).

TRY 60 DAYS. TO BE PAID SUBSEQUENT PAYROLL

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Cost of Foreign Living allowance	<u>1092-704</u>	<u>none</u>
is in		<u>none</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 12/1-28/1/47 to 4/2/-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

POSTING VOUCHER

DATE: 19 February 1947

VOUCHER NO. 391

TYPE OF

VENDS:

AMOUNT:

RATE:

VALUE IN TERMS OF

PRINCIPAL CURRENCY

REFERENCE:

EXPLANATION: Advance made to C. Lewis in Swiss Francs - Repaid in
Scrip.

	DR.	CR.	POSTING INITIALS
CASH IN HAND	46.64	Sw.Fcs.200 (46.64)	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVERSIONS	46.64	46.64	
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
OTHER			
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF EXPENSES:

BRANCH	01	02	03	04	05	06	08	09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 392

TYPE OF
FUND: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF
PRINCIPAL CURRENCY _____

STRICTLY:

DESCRIPTION: Entry to revalue 3,230.90 Swiss Francs on hand to new
rate of .233645 from .2332. Additional accountability
picked up herewith.

	DR.	CR.	POSTING INITIALS
\$ Value of Swiss Franc Acct. 1.43 CXXXXXXXXXX			
ADVANCE: _____ (Name)			
TRANSFER: _____ (Station)			
CONVERSIONS			
EXCHANGE			
Exchange Equalization		1.43	
DISCOUNT (ON C. 1945)			
OTHER			
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF INITIALS:

AREA OR	C1	C2	C3	C4	C5	C6	C8	C9

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____